## FILED 2000 UNIFORM BUSINESS REPORT (UBR) Jan 29, 2000 8:00 am **DOCUMENT #816667 Secretary of State** 1. Entity Name TREE PLATEAU CO., INC. 01-29-2000 90087 001 \*1.050.00 Mailing Address Principal Place of Business C/O GENE M. PRANZO C/O GENE M. PRANZO 230 PARK AVE 26TH FLOOR 230 PARK AVE 26TH FLOOR 4691 NEW YORK NY 10169-2699 NEW YORK NY 10169 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 13-5668757 الله السنيك Not A Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name UNITED STATES CORPORATION COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301 Zip Code FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Delete TITLE TALFORD, RICHARD S. NAME STREET ADDRESS 230 PARK AVE 26TH FLOOR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY 10169** Delete ☐ Change TITLE TITLE PRANZO, GENE M NAME NAME STREET ADDRESS 230 PARK AVE 26TH FLOOR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY 10169** ☐ Change TITLE Delete TITLE POTTER, CAROL NAME NAME 230 PARK AVE 26TH FLOOR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NEW YORK NY 10169 L .... ☐ Change TITLE ☐ Delete TALFORD, DORIS K NAME 230 PARK AVE 26TH FLOOR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NE YORK NY 10169 ☐ Delete Change □ · · · · · · TITLE

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or discription of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 changed, or on an attachment with an address, with all other like empowered.

NAME STREET ADDRESS

TITLE

CITY-ST-7IP

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

SIGNATURE: Gene M. Pranzo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

01-18-00

212-682-3700

☐ Change

□ ·····

Daytime Phone #