2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 19, 2001 8:00 am Secretary of State **DOCUMENT # 819254** 1. Entity Name CHRIS-CRAFT INDUSTRIES, INC. 04-19-2001 90334 014 ***150.00 Principal Place of Business Mailing Address 767 FIFTH AVENUE 5355 TOWN CENTER RD 46TH FLOOR #200 110039337 NEW YORK NY 10153 **BOCA RATON FL 33486** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 94-1461226 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **CPD** TITLE ☐ Delete TITLE ☐ Change NAME SIEGEL, HERBERT J. NAME STREET ADDRESS STREET ADDRESS 767 FIFTH AVENUE, 46TH FLOOR CITY-ST-ZIP CITY-ST-7IP NEW YORK NY TITLE ■ Delete TITLE Director Change NAME BARNETT, LAWRENCE R. NAME Dr. Jeane J. Kirkpatrick STREET ADDRESS 1150 17th Street, NW 34 FINCHER WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP RANCHO MIRAGE CA 92270 Washington, DC 20036 TITLE Delete Director ☐ Change Addition NAME ROCHLIS, JAMES J. NAME T.C. Hardwick, III STREET ADDRESS STREET ADDRESS 150 E 69TH ST APT 28J Park Street CITY-ST-ZIP CITY-ST-7IP **NEW YORK NY** Blairstown, NJ 07825 TITLE SVPS ☐ Delete TITLE Addition NAME KELLY, BRIAN C NAME STREET ADDRESS STREET ADDRESS 767 FIFTH AVENUE, 46TH FLOOR CITY-ST-ZIP CITY-ST-7IP NEW YORK NY TITLE EVP ☐ Delete TITLE ☐ Addition NAME SIEGEL, WILLIAM D NAME STREET ADDRESS STREET ADDRESS 767 FIFTH AVENUE, 46TH FLOOR CITY-ST-7IP CITY-ST-ZIP **NEW YORK NY** TITLE SVPT ☐ Delete TITLE Addition MAME MERKEL, JOELEN K NAME STREET ADORESS 5355 TOWN CENTER ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

BOCA RATON FL 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 director 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

ME OF SIGNING OFFICER OR DIRECTOR