## FILED \*2000 UNIFORM BUSINESS REPORT (UBR) Aug 28, 2000 8:00 am Secretary of State **DOCUMENT # 822746** 1. Entity Name WALLY FINDLAY GALLERIES INTERNATIONAL, INC. 08-28-2000 90038 026 \*\*\*550.00 Principal Place of Business Mailing Address 188 EAST WALTON PLACE 188 EAST WALTON PLACE CHICAGO IL 60611 CHICAGO IL 60611 AUU74525` 2. Principal Place of Business 65 WORTH IONTH ALVE. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number t∎ & State 36-2424351 Not Applicable **\$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 Cíty 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After SEPTEMBER 13, 2000 Min. will be \$750.00 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 11. OFFICERS AND DIRECTORS 12. CEO, PRESIDENT, DRECTOR ☐ Delete TITLE TITI F BORYNACK, JAMES R NAME NAME 188 EAST WALTON PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CHICAGO IL 60611 V.P. , SECT. DIRECTUP Change TITLE ☐ Delete TITLE BORYNACK, WILLIAM NAME NAME STREET ADDRESS 165 WORTH AVENUE STREET ADDRESS CITY-ST-ZIP PALM BEACH FL 33480 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NALLETT, DONNA NAME STREET ADDRESS 165 WORTH AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM BEACH FL 33480 ☐ Addition Delete ☐ Change TITLE TITLE FABER, NORMAN L ESQ NAME STREET ADDRESS STREET ADDRESS 14 EAST 60TH STREET CITY-ST-ZIP **NEW YORK NY 10022** CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DI SIGNATURE: W

CR2E034 (5/00)