2006 FOR PROFIT CORPORATION

Apr 14, 2006 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT #827423** 04-14-2006 90127 018 ***150.00 DREYFUS SERVICE CORPORATION Principal Place of Business Mailing Address 200PARK AVE-200 PARK AVENUE Taylard Herian Discussion 7TH FLOOR -7TH FLOOR NEW YORK, NY 10166 NEW YORK, NY 10166 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01052006 Chg-P CR2E034 (11/05) City & State City & State 4. FEI Number Applied For 13-2603136 Not Applicable Zip Country Zip 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 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Addition ☐ Chance NAME : OFFICER, DAVID J NAME 200 PARK AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NEW YORK, NY 10166 CITY-ST-ZIP TITI F ☐ Defete TITLE □ Change ■ Addition NAME SCHACHAR, THEODORE A NAME 200 PARK AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NEW YORK, NY CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition KNIGHT, JANE M NAME NAME 200 PARK AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NEW YORK, NY CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME CARDONA, CHARLES NAME 200 PARK AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NEW YORK, NY 10166 CITY-ST-ZIP Chief Financial Officer ☐ Change TITLE **Delete** TITLE XX Addition MARESCA, WILLIAM H NAME 200 Park Avenue STREET ADDRESS 200 PARK AVE STREET ADDRESS New York, New York 10166 CITY-ST-ZIP NEW YORK, NY 10166 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. 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 tipe receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

TITLE

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE

TITLE

NAME

STREET ADDRESS

☐ Delete

Theodore A. Schachar Vice-President/Tax

FILED

92277550

☐ Addition

Change