ITTLE   COCHRAN, G. MOFFET V   NAME   STREET ADDRESS   277 PARK AVE.   STREET ADDRESS     CITY-ST-ZIP   NEW YORK NY 10172   Delete   TITLE   VC / D   XI Change   A     NAME   WALTMAN, GUY S.   STREET ADDRESS   STREET ADDRESS   STREET ADDRESS   CITY-ST-ZIP   XI Change   A     STREET ADDRESS   277 PARK AVE.   STREET ADDRESS   CITY-ST-ZIP   VC / D   XI Change   A     NAME   WALTMAN, GUY S.   STREET ADDRESS   STREET ADDRESS   CITY-ST-ZIP   VC / D   XI Change   A     NAME   WHITE, MARJORIE S.   Delete   TITLE   S / D   XI Change   A     NAME   STREET ADDRESS   277 PARK AVE.   STREET ADDRESS   CITY-ST-ZIP   KI Change   A     STREET ADDRESS   277 PARK AVE.   STREET ADDRESS   STREET ADDRESS   CITY-ST-ZIP   KI Change   A     NAME   JAFFE, MARTIN   Delete   TITLE   MD / COO / D   KI Change   A     NAME   JAFFE, MARTIN   Delete   TITLE   NAME   STREET ADDRESS   CITY-ST-ZIP   A     TITLE   TX/M<	DOCU 1. Entity Nam	MENT # 835677		DRT	(UBF	3)	N	FI Iay 16, 2 Secretar 05-16-2000 90	LED 2000 8 2y of S 1054 013 ***	:00 tat	am e
277 PARK AVE US   000000000000000000000000000000000000	Principal Plac	ce of Business	Mailing Address								
Solite, Apr. #, etc. Suite, Apr. #, etc. DD NOT WRITE IN THIS SPACE   City & State City & State 4. FEI Number 13:2774791 Advalued 1   Zip Country Zip Country 5. Carchicate of Status Desired State Address of New Registered Agent   I C C CORPORATION SYSTEM 1200 SOUTH PME ISLAND ROAD PLANTATION FL 33224 Name Name Street Address (PD Box Number is Not Acceptable) \	277 PARK AVE NEW YORK NY		277 PARK AVE NEW YORK NY 10172-0003				, , <b>n</b> , <b>n</b> , <b>n</b> , <b>n</b> , <b>n</b>	<b>a</b> 11101 <b>6</b> 1110 <b>8</b> 1151 ( <b>88</b> 11 6881	NAMAN MAMINA MAMINA MAMIN	<b></b>	(11)
City & State   City & State   A. FEI Number   13-2774791   Applied?     Zip   Country   Zip   Country   6. Conficate of Status Dealed   S8.75 Additional     S. Name and Address of Current Registered Agent   7. Name and Address of Naw Registered Agent   Name   Name and Address of Naw Registered Agent   Name     C T CORPORATION SYSTEM 1200 SOUTH PINE (SLAND DOAD PLANTATION PL 33221   Strott Address (PD Box Number is Not Acceptable)   V     Strott Address (PD Box Number is Not Acceptable)   Name   Strott Address (PD Box Number is Not Acceptable)   V     R. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.   Strott Address (PD Box Number is Not Acceptable)   V     Strott Address (PD Box Number is Not Acceptable)   N   Strott Address (PD Box Number is Not Acceptable)   V     Strott Address (PD Box Number is Not Acceptable)   N   Strott Address (PD Box Number is Not Acceptable)   V     Strott Address (PD Box Number is Not Acceptable)   Not Acceptable (PD Box Number is Not Acceptable)   Not Acceptable (PD Box Number is Not Acceptable)   Not Acceptable (PD Box Number is Not Acceptable)     Strott Address (PD Box Number is Not Acceptable)   Not Acceptable (PD Box Number is Not Acceptable)   Not Acceptable)     Not C C COR	2. Principal Place of Business 3. Mailing Address										
Country Zip Country Zip Country Sign 27/41/91 Index Approximation in Sign 27/41/91   Zip Country Zip Country S. Conficuence of Satura Desired S8.75 Additional in Some Required   S. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Address of New Registered Agent   C T CORPORATION SYSTEM 1200 SQUTH PINE ISSUE NO ROAD PLANTATION FL 33324 Street Address (PO Box Number is Not Acceptable) V   B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Plotida. Street Address (PO Box Number is Not Acceptable) V   SIGNATURE Top analy its Interplate Taylow or presenter in signific to satisfy its Interplate Tox fing requirement and elects to do so (See circle) or back/ PLE NOW!!! FEE IS 3150.00 Make Check Payable to Department of State 10. Election Compage Financing Touris Fund Contribution. Addre to Fee Address 27   11. OFFICERS AND DIRECTORS 12. ADDIT ONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Touris Fund Contribution. Address 2 Control Compage Financing Touris Fund Contribution. Address 2   11. OFFICERS AND DIRECTORS 12. ADDIT ONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Touris Fund Contribution. Address 2 Control Compage Financing Touris Fund Control	Suite, Apt. #, etc. Suite, Apt. #, etc.										
Zp   Country   Zp   Country   6. Certification of Status Desired   98.75 Additional Too Regulated Agent     R. Name and Address of Current Registered Agent   Name and Address of New Registered Agent   Name and Address of New Registered Agent     C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33524   Name   Name   Street Address (P:O Box Number Is Not Acceptable)   V     B. The above named entity submits this statement for the purpose of changing its registered agent, or both. In the State of Florida.   Street Address (P:O Box Number Is Not Acceptable)   V     SIGNATURE   City   FL   Zp Code     B. The above named entity submits this statement for the purpose of changing its registered agent, or both. In the State of Florida.   Street Address (P:O Box Number Is Not Acceptable)   V     SIGNATURE   City CPC Integritient Agent spin transport   City CPC Integritient Agent spin transport   Ortit     Its corporation is eligible to satisfy its Intargible (See Citys on bock)   Mate Chack Psychole to Desire Phane Integritient Agent spin transport   10. Election Campaign Financing Categories in transport   State Address State Addres	City & Stat	te	City & State			4	. FEI Number	13-2774791			
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 100 SOUTH PINE ISLAND ROAD PLANTATION FLI 33324 100 SOUTH PINE ISLAND ROAD PLANTATION FLI 33324 100 SOUTH PINE ISLAND ROAD PLANTATION FLI 33324 100 SOUTH PINE Statement for the purpose of changing its registered agent, or both in the State of Plorida. SIGNATURE 100 SOUTH PINE ISLAND ROAD purpose of changing its registered agent, or both in the State of Plorida. SIGNATURE 100 SOUTH PINE ISLAND ROAD purpose of changing its registered agent, or both in the State of Plorida. SIGNATURE 100 SOUTH PINE ISLAND ROAD purpose of changing its registered agent, or both in the State of Plorida. SIGNATURE 100 SOUTH PINE ISLAND ROAD purpose of changing its registered Agent spectramed registered agent and back of Plorida. SIGNATURE 100 SOUTH PINE ISLAND ROAD purpose of changing its registered Agent spectramed registered agent, or both in the State of Plorida. SIGNATURE 100 SOUTH PINE ISLAND ROAD purpose of changing its registered Agent spectramed registered agent, or both in the State of Plorida. SIGNATURE 100 SOUTH PINE ISLAND ROAD purpose of changing its registered Agent spectramed registered agent, or both in the State of Plorida. SIGNATURE 100 SOUTH PINE ISLAND ROAD purpose of changing its registered Agent spectramed of State 11. OFFICERS AND DIRECTORS 12. ADDIT CNSICHANGES TO OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 12. ADDIT CNSICHANGES TO OFFICERS AND DIRECTORS 11. OFFICERS AND DIRECTORS 12. NEW YORK NY 10172 Deede 11. Not STER ADDRES 277 PARK AVE. NEW YORK NY 10172 Deede Not STER ADDRES STER ADDRES STER ADDRES STER ADDRES STER ADDRE	Zip	Country	Zip	Coun	ntry	5	. Certificate d	f Status Desired		Addition	
C1 CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324   Breat Address (PO Box Number is Not Acceptable)      Breat Address (PO Box Number is Not Acceptable)       City   FL   Zip Code     City   FL   Zip Code     Inter adore named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida.   State of Florida.     Signature   Signature instruction is eligible to satisfy its Intangible (See Criteria on back)   Onte   Diff.     9. This corporation is eligible to satisfy its Intangible (See Criteria on back)   Atter MAY 1, 2000 Fee will be \$550.00 Make Chacker Payable to Department of State   10. Election Campaign Financing Tust Fund Continuuion.   \$5.00 May Added to Fee Wate Fundoess     11.   OFFICERS AND DIFFECTORS   12. ADDITIONS/CHANGES TO OFFICERS AND DIFFECTORS IN 11 Title   C/P/CEO/D   \$10 Election Campaign Financing Tust Fund Continuuion.   \$20 Change   A     11.   OFFICERS AND DIFFECTORS   12. ADDITIONS/CHANGES TO OFFICERS AND DIFFECTORS IN 11 Title   2 Change   A     12.   OFFICERS AND DIFFECTORS   12. ADDITIONS/CHANGES TO OFFICERS AND DIFFECTORS IN 11 Title   2 Criter Addeds   2 Criter Addeds     13.   Drever   Intel Address (Criter Addeds)   2 Crange   A		6. Name and Address of Current	Registered Agent			7	. Name and a	Address of New Regi			
1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324   City   FL   Zip Code     City   FLE   Zip Code     Signature, typed of primed rank of mplateod agent and life in angable   City   FLE   Note     Signature, typed of primed rank of mplateod agent and life in angable   FLE   Note   Note   Added to Fee     Signature, typed of primed rank of mplateod agent and life in angable   FLE   Note   Note   Note   Added to Fee     Signature, typed of primed rank of mplateod agent and life in angable   FLE   Note   Note   Signature, typed of primed rank of mplateod agent and life in the state of					Name						
City     FL     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       Sequence, hyper or present and elects to do so. Tax filing requirement and elects to do so. Tax filing requirement and elects to do so. Tax filing requirement and elects to do so. This corporation is eligible to satisfy its Intargible Tax filing requirement and elects to do so. The Correst ADD DIRECTORS     10. Election Campaign Financing Trust Fund Contribution.     \$5.00 May Added to Fee Make Check Payable to Department of State       11.     OFFICERS AND DIRECTORS     12.     ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Make Check Payable to Department of State     10. Election Campaign Financing Trust Fund Contribution.     \$5.00 May Added to Fee Make Check Payable to Department of State       11.     OFFICERS AND DIRECTORS     12.     ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Make Check Payable to Department of State     10. Election Campaign Financing Trust Fund Costs     \$1.0 Change     A       11.     OFFICERS AND DIRECTORS     12.     ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Make Check Payable to Department of State     10. Election Campaign Financing Trust Fund Costs     \$2.0 Change     A       11.     OC     Make Check Payable to Department of State     10. Election Campaign Financing Trust Financies     \$2.0 Change	1200 SOUTH PINE ISLAND ROAD				Street A	Address (P.O Box Number is Not Acceptable)		\\			
	r LAN				City					Code	*
SIGNATURE   Instrument of regulatered agent and life if septicate   Instrument of regulatered agent and life if septicate   DATE     9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)   FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State   10. Election Campaign Financing Trust Fund Contribution   \$6,00 May Added to Fee Corporation is eligible to assisted     11.   OFFICERS AND DIRECTORS   12.   ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11     TITE   DP   Instrument of state added to Fee Corporation is eligible to assisted   Instrument of state added to Fee State addess 277 PARK AVE.   C/P / CEO /D   XC Change   A     CITY-51-2P   NEW YORK NY 10172   Instrument of State addeed added to Fee CITY-51-2P   S/D   XC Change   A     NMME   WHITE, MARJORIE S.   Instrument of state addeeds STREET Addeess STREET Ad									FL /		
11.     OFFICERS AND DIRECTORS     12.     ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11       TITLE     DP     □ Dalete     TITLE     C/P/CEO/D     XI Change     A       NAME     STREET ADDRESS     277 PARK AVE.     STREET ADDRESS     C/P/CEO/D     XI Change     A       NAME     STREET ADDRESS     277 PARK AVE.     STREET ADDRESS     C/P/CEO/D     XI Change     A       NAME     WALTMAN, GUY S.     ITTLE     VC/D     XI Change     A       STREET ADDRESS     277 PARK AVE.     STREET ADDRESS     STREET ADDRESS     Change     A       STREET ADDRESS     277 PARK AVE.     STREET ADDRESS     Change     A     A       STREET ADDRESS     277 PARK AVE.     STREET ADDRESS     STREET ADDRESS     Change     A       STREET ADDRESS     277 PARK AVE.     STREET ADDRESS     STREET ADDRESS     Change     A       STREET ADDRESS     277 PARK AVE.     STREET ADDRESS     STREET ADDRESS     Change     A       STREET ADDRESS     277 PARK AVE.     STREET ADDRESS     STREET ADDRESS     Change     A <th>9. This corpo Tax filing</th> <th>Signature, typed or printed name of registered agent oration is eligible to satisfy its Intangible requirement and elects to do so.</th> <th>FILE NOW</th> <th>/!!! FEE</th> <th>IS \$150.0 will be \$5</th> <th>00 550.00</th> <th>10. Elec</th> <th></th> <th></th> <th></th> <th></th>	9. This corpo Tax filing	Signature, typed or printed name of registered agent oration is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW	/!!! FEE	IS \$150.0 will be \$5	00 550.00	10. Elec				
THLE   DP   Intervalue   Delete   THLE   C/P/CEO/D   KI Change   A     NAME   COCHRAN, G. MOFFET V   STRET ADDRESS   STRET ADDRESS <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>11</td></t<>											11
TITLE   C   Delete   TITLE   VC / D   X Change   A A     NAME   WALTMAN, GUY S.   STREET ADDRESS   277 PARK AVE.   STREET ADDRESS   CITY-ST-ZIP   CITY-ST-ZIP   CITY-ST-ZIP   CITY-ST-ZIP   A     TITLE   S   Delete   TITLE   S / D   X Change   A     NAME   WHITE, MARJORIE S.   Delete   TITLE   S / D   X Change   A     NAME   WHITE, MARJORIE S.   STREET ADDRESS   CITY-ST-ZIP   NAME   STREET ADDRESS   CITY-ST-ZIP   A     NAME   WHITE, MARJORIE S.   STREET ADDRESS   STREET ADDRESS   CITY-ST-ZIP   A     NAME   DT   Delete   TITLE   MAME   STREET ADDRESS   CITY-ST-ZIP   A     NAME   JAFFE, MARTIN   Delete   TITLE   MD/COO/D   X Change   A     NAME   STREET ADDRESS   277 PARK AVE.   STREET ADDRESS   CITY-ST-ZIP   CITY-ST-ZIP   A     NAME   STREET ADDRESS   277 PARK AVE.   STREET ADDRESS   CITY-ST-ZIP   A     STREET ADDRESS   277 PARK AVE.   STREET ADDRESS	TITLE NAME STREET ADDRESS	DP Cochran, G. Moffet V 277 Park Ave.		TITL NAM STRI	e 1e Eet address	1					Addition
NAME   WHITE, MARJORIE S.   International product of the section 119.07(3)(i), Florida Statutes. I further certify that the informal product or dire of dire or dire of dire or dire of dire or dire	NAME Street address	C WALTMAN, GUY S. 277 PARK AVE.	Delete	NAM STRI	ie Eet address	VC/D			X Chai	nge 🗖	Addition
Intel   Intel <td< td=""><td>NAME STREET ADDRESS</td><td>WHITE, MARJORIE S. 277 PARK AVE.</td><td>Delete</td><td>NAM</td><td>ie Eet address</td><td>S/D</td><td></td><td></td><td>X) Char</td><td>nge 🗌</td><td>Addition</td></td<>	NAME STREET ADDRESS	WHITE, MARJORIE S. 277 PARK AVE.	Delete	NAM	ie Eet address	S/D			X) Char	nge 🗌	Addition
Title   TX/M   Delete   Title   V/TM   Image   Ange     NAME   COMPETIELLO, MARK A.   NAME   NAME   STREET ADDRESS   STREET ADDRESS   CITY-ST-ZIP	NAME STREET ADDRESS	JAFFE, MARTIN 277 PARK AVE.	Delete	NAM STRI	4e Eet address	MD/CO	ס/ס		🕅 Cha	nge 🗆	Addition
TITLE   Delete   TITLE   Change   Andelete     NAME   NAME   NAME   NAME   NAME     STREET ADDRESS   STREET ADDRESS   CITY-ST-ZIP   CITY-ST-ZIP   CITY-ST-ZIP     13. 1 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 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 and effect or difference of the second state	NAME STREET ADDRESS	TX/M Competiello, Mark A. 277 Park ave.	Delete	NAM STRI	1e Eet address	V/TM			🕅 Cha	nge 🗌	Addition
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 of 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 dire of the corporation or the accivate or trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block changed, or on an attractment with an address, with all other like empowered.	NAME STREET ADDRESS CITY-ST-ZIP			NAN STR CITY	AE EET ADDRESS ( - ST-ZIP				_		Addition
SIGNATURE:	changed	in or on an attactment with an accress,	h this filing does not qualify f s true and accurate and that overed to exect the this repoi with all other like empowered	d.		apter 007, 1	Ionua Statutes	, and that my hame a			