FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 27, 2002 8:00 am
Secretary of State
02-27-2002 90065 039 ***150.00

DOCUMENT # 845871

1. Entity Name
Madrus Realty Company, Inc.

DO NOT WRITE IN THIS SPACE

825358

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
522 Fifth Ave.	522 Fifth Ave.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: New York	City & State: New York
Zip: 10036 Country: USA	Zip: 10036 Country: USA

4. FEI Number: 13-2584234 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: CT Corporation
Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road
City: Plantation FL Zip Code: 33324

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 _____ DATE
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 Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	DP
NAME	Benjamin G. Gifford
STREET ADDRESS	522 Fifth Ave.
CITY-ST-ZIP	New York, NY 10036
TITLE	DVPT
NAME	Michael G. Astarita
STREET ADDRESS	522 Fifth Ave.
CITY-ST-ZIP	New York, NY 10036
TITLE	SAT
NAME	Alfred W. Dort
STREET ADDRESS	522 Fifth Ave.
CITY-ST-ZIP	New York, NY 10036
TITLE	DVPAS
NAME	Anne S. Pfeiffer
STREET ADDRESS	522 Fifth Ave.
CITY-ST-ZIP	New York, NY 10036
TITLE	DVPAS
NAME	George L. Oahs
STREET ADDRESS	522 Fifth Ave.
CITY-ST-ZIP	New York, NY 10036
TITLE	DVPAS
NAME	S. Michael Giliberto, Sr.
STREET ADDRESS	522 Fifth Ave.
CITY-ST-ZIP	New York, NY 10036

TITLE	
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CITY-ST-ZIP	

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 2/13/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #