2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT #856184** Apr 19, 2000 8:00 am Secretary of State 1. Entity Name MACMILLAN, INC. 04-19-2000 90245 042 ***150.00 Principal Place of Business Mailing Address ONE LAKE STREET C/O COWEN & ASSOCIATES UPPER SADDLE RIVER NJ 07458 180 N. LASALLE ST. STE 1922 CHICAGO IL 60601-2605 2. Principal Place of Business 3. Mailing Address Dearson nc. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 1330 Avenue of the Americas City & State Applied For City & State 4. FEI Number 13-0609560 New York, Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired ____ 001 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name UNITED STATES CORPORATION COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301 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) DATE 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, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11, OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 EVID TITLE TITLE A5 X Addition Delete LAVACCA, JOHN Sayed, shaheda NAME NAME 1330 Avenue of the Americas STREET ADDRESS ONE LAKE STREET STREET ADDRESS New York, MY 10019 CITY-ST-ZIP **UPPER SADDLE RIVER NJ 07458** CITY-ST-7IP **Addition** ☐ Change Delete TITLE wherton, Tom FLEMENBAUM, ARIEH M NAME NAME 1330 / Avenue of the Americas STREET ADDRESS 180 N. LASALLE ST., STE 1922 STREET ADDRESS New York, MY 10019 CITY-ST-ZIP CHICAGO IL 60601 CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE JOVANOVICH, PETER NAME STREET ADDRESS ONE LAKE STREET STREET ADDRESS CITY-ST-ZIP **UPPER SADDLE RIVER NJ 07458** CITY-ST-ZIP D Change Change ☐ Addition TITLE □ Delete DANCY, ROBERT L NAME ONE LAKE STREET STREET ADDRESS STREET ADDRESS **UPPER SADDLE RIVER NJ 07458** CITY-ST-ZIP ☐ Delete TITLE □ Change ☐ Addition TITLE OLDSEY, WILLIAM NAME NAME STREET ADDRESS ONE LAKE STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP UPPER SADDLE RIVER NJ 07458 ☐ Change ☐ Addition ☐ Delete TIT! F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP

13. I hereby certify that the information supplied with this filling 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:

ASSISTANT DIRECTOR OF TAXES

SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSEPH PIETROBURGO, JR.

4/6/00

(201) 785-2820