## May 22, 2001 8:00 am Secretary of State 2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # F00000006311 04-17-2001 90110 001 \*\*\*150.00 OIDC. INC. Principal Place of Business. Mailing Address 40070 411 WEST PUTNAM AVENUE, SUITE 360 411 WEST PUTNAM AVENUE, SUITE 360 GREENWICH CT 06830 GREENWICH CT 06830 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FE! Number Applied For 34-1042419 Not Applicable Zip \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T-CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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, 2001 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition ☐ Chance ☐ Delete TITLE TITLE CRAWFORD, WILLIAM NAME NAME STREET ADDRESS STREET ADDRESS 411 WEST PUTNAM AVENUE, SUITE 360 CITY-ST-ZIP CITY-ST-ZIP **GREENWICH CT 06830** ☐ Change Addition VCD TITLE ☐ Celete TITLE BRIDGES, ROBERT E NAME NAME 411 WEST PUTNAM AVENUE, SUITE 360 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7P **GREENWICH CT 06830** Change Addition Detete TITLE SOLAZ, DANIEL NAME 411 WEST PUTNAM AVENUE, SUITE 360 STREET ADDRESS STREET ADDRESS **GREENWICH CT 06830** CITY-ST-ZIP CITY-ST-ZIP ☐ Chance ☐ Addition TITLE IIILE ☐ Deleta NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7P ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-51-7IP 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 changed, or on an affachinet with an address, with all other like empowered.

SIGNATURE:

DANIEL SOLAZ 3/1/01 203661-307