## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED Mar 01, 2001 8:00 am Secretary of State DOCUMENT # F00000006980 DEDIENNE CORP. 02-15-2001 90010 043 \*\*\*150.00 Principal Place of Business Mailing Address C/O DM AIRCRAFT SERVICE. INC. C/O PRAMEX 8000 NB.W. 31ST STREET. #18 1251 AVENUE OF THE AMERICAS 2/000 NEW YORK NY 10020 MIAMI FL 33122 2. Principal Place of Business 3. Malling Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 52-2274829 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 City 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** (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 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. SECRETARY Delete TITLE TITLE DE SAINT-EXUPERY VINCENT MAME NAME VOLOT, KAREL 1251 AVENUE OF THE AMERICAS - 34TH FLOOR STREET ADDRESS STREET ADDRESS 79 AVENUE DE BELLEVUE, 92290 NEW YORK , NY 10020 CITY-ST-ZIP CITY-ST-7IP CHATENAY-MALABRY, FRANCE Change ☐ Addition ☐ Delete TILE TITLE NAME NAME VOLOT, JEAN CLAUDE STREET ADDRESS STREET ADDRESS 79 AVENUE DE BELLEVUE, 92290 CITY-ST-ZIP CITY-ST-ZIP <u>CHATENAY-MALABRY, FRANCE</u> Addition Delete. TITLE ☐ Change mi NAME-NAME COURNOT: PIERRE STREET ADDRESS STREET ADDRESS 665 FIFTH AVENUE CITY-ST-ZIP CITY-ST-ZIP NEW YORK NY 10022 ☐ Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delate TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detate TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 eath; 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. VINCENT DE SAINT-EXUPERY 02/06/01 (212) 583 4920 SIGNATURE: