2007 FOR PROFIT CORPORATION

FILED Jan 17, 2007 08:00 AM Secretary of State

DOCUMENT # F0200004993

1. Entity Name

1. Entity Name 3 HANOVER SQUARE 6TH FLOOR NEW YORK, NY 10004

Mailing Address 5 HANOVER SQUARE **6TH FLOOR** NEW YORK, NY 10004



DO NOT WRITE IN THIS SPACE

No Chg-P 01052007

CR2E034 (11/05)

4. FEI Number 13-3562503

Applied For Not Applicable

5. Certificate of Status Desired

\$8,75 Additional X Fee Required

6. Name and Address of Current Registered Agent

UNITED CORPORATE SERVICES, INC. 9200 SOUTH DADELAND BLVD., SUITE 508 MIAMI, FL 33156

> ROSANO, JOEL 5 HANOVER SQ

NEW YORK, NY 10004

DO NOT WRITE IN THIS SPACE

8. The above the obligat	named entity submits this statement for the pilons of registered agent.	ourpose of changing its register	ed office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE Squature, 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 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees			
10. OFFICERS AND DIRECT		TORS	Τ		
TITLE	DP		1		
NAME	PARADYSZ, CHRISTOPHER		j		
STREET ADDRESS	5 HANOVER SQ		1		<u> </u>
CITY-ST-ZIP	NEW YORK, NY 10004		1		01/18/07-80004-009 8.75
TITLE	DS		1		

U000000589139 01/18/07-80004-010 15

DO NOT WRITE IN THIS SPAC

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, Fix, indicated on this report or supplier exemption and accurate and that my signature shall have the same legal effect as of the corporation or the regeiver or trusted and the execute this report as required by Chapter 607, Florida Statutes; a changed, or on an attachment with an

SIGNATURE:

NAME

TITLE

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-SI-ZiP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TED NAME OF SIGNING OFFICER OR DIRECTOR