

02/16/2005 16:41 18502229428

CTCORPORATIONSYSTEM

Feb-16-03 01:02pm Prog-

**2005 FOR PROFIT CORPORATION
REINSTATEMENT**FILED
05 FEB 17 AM 11:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F03000005777			
1. Entity Name BLACKROCK FINANCIAL MANAGEMENT, INC.			
Principal Place of Business 40 EAST 52ND ST. NEW YORK, NY 10022		Mailing Address 40 EAST 52ND ST. NEW YORK, NY 10022	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE <i>Carrie B. Ryan, Special Post-Secretary</i>		DATE	
OPTIONAL: Typed or printed name of registered agent and date if applicable.		OPTIONAL: Registered Agent's signature required within 90 days of registration.	
FILE NOW! FEE IS \$800.00		REINSTATEMENT 0405	
10. OFFICERS AND DIRECTORS			
TITLE	NAME	☐ Delete	
STREET ADDRESS	40 EAST 52ND ST.		
CITY-ST-ZIP	NEW YORK, NY 10022		
TITLE	VC	☐ Delete	
NAME	KAPITO, ROBERT		
STREET ADDRESS	40 EAST 52ND ST.		
CITY-ST-ZIP	NEW YORK, NY 10022		
TITLE	DP	☐ Delete	
NAME	SCHLOSSTEIN, RALPH		
STREET ADDRESS	40 EAST 52ND ST.		
CITY-ST-ZIP	NEW YORK, NY 10022		
TITLE	S	☐ Delete	
NAME	CONNOLLY, ROBERT		
STREET ADDRESS	40 EAST 52ND ST.		
CITY-ST-ZIP	NEW YORK, NY 10022		
TITLE	T	☐ Delete	
NAME	AUCET, PAUL		
STREET ADDRESS	40 EAST 52ND ST.		
CITY-ST-ZIP	NEW YORK, NY 10022		
TITLE		☐ Delete	
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	NAME	☐ Change ☐ Addition	
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	NAME	☐ Change ☐ Addition	
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	NAME	☐ Change ☐ Addition	
STREET ADDRESS			
CITY-ST-ZIP			
TITLE	NAME	☐ Change ☐ Addition	
STREET ADDRESS			
CITY-ST-ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on the 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 and I agree to execute the reports required by Chapter 807, Florida Statutes; and that my name appears in Block 10 or Block 11 if change, or on an attachment with an address, with a change to employment.			
SIGNATURE: <i>Paul A. Auct</i>		DATE	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE	

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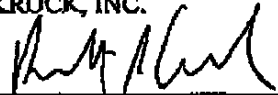
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Feb-16-05 01:02pm From-

T-423 P.004/004 F-827

Very truly yours,

BLACKROCK, INC.

By: 
Name: _____
Title: _____

Division of Corporations

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Florida Department of State
Division of Corporations
Public Access System

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CORPORATION REINSTATEMENT

BLACKROCK FINANCIAL MANAGEMENT, INC.

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