2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

Jan 30, 2006 8:00 am **Secretary of State** DOCUMENT # F04000002041 01-30-2006 90038 024 ****61.25 RACÉBROOK, INC. Principal Place of Business Mailing Address DUUUTUUU 590 COLUMBUS AVENUE 590 COLUMBUS AVENUE THORNWOOD, NY 10594 THORNWOOD, NY 10594 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01162006 Chg-NP CR2E037 (11/05) 4. FEI Number 96-1380740 City & State City & State Applied For Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORPDIRECT AGENTS, INC. Street Address (P.O. Box Number is Not Acceptable) 515 E. PARK AVE. TALLAHASSEE, FL 32301 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. 1 am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Due by May 1, 2006 Florida Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. P/0/c PCD TITLE Delete TITLE Change ■ Addition Thomas Hoylan BANNON, ANTHONY NAME NAME 432 Ligueri Rd. STREET ADDRESS 582 COLUMBUS AVENUE STREET ADDRESS CITY-ST-ZIP THORNWOOD, NY 10594 CITY+ST-7IP Edgerton, WI 53534 VD TITLE Delete TITLE Change ☐ Addition Jon Budke 8077 South Quince Circle NAME SABADELL, JUAN NAME STREET ADDRESS **582 COLUMBUS AVENUE** STREET ADDRESS CITY-ST-ZIP THORNWOOD, NY 10594 CITY-ST-7IP centernial, CO 80112 TITLE STD S/T/D **⊠** Dalate TITLE Change ☐ Addition Jose F. Ortega NAME **ELLIS, STEPHEN** NAME 582 Columbus Avenue **582 COLUMBUS AVENUE** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP THORNWOOD, NY 10594 CITY-ST-ZIP PPZOL YU, boownronT TITLE ☐ Delete TITLE ☐ Change Addition MCILMAIL, EDWARD NAME NAME STREET ADDRESS **475 OAK AVENUE** STREET ADDRESS CITY-ST-ZIP CHESHIRE, CT 06410 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME Juan Sabadell NAME SonsuA 582 Columbus STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Thornwood, NY 10224 TITLE ☐ Delete TITLE Спалое ■ Addition NAME NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all either like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

CITY-ST-78P

GNING OFFICER OR DIRECTOR

FILED