2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

SIGNATUR

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 16, 2007 8:00 am Secretary of State DOCUMENT # F06000005880 1. Entity Name 04-16-2007 90073 004 ***150 00 BCI PARTNERS, INC. Principal Place of Business Mailing Address 411 HACKENSACK AVE 411 HACKENSACK AVE HACKENSACK, NJ 07601 HACKENSACK, NJ 07601 40062484 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02072007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 13-3122471 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name REMEY, DONALD Street Address (P.O. Box Number is Not Acceptable) 274 LOCHA DR JUPITER, FL 33458 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. I 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) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Channe ☐ Addition REMEY, DONALD P NAME NAME 274 Locha Da STREET ADDRESS 274 LOCHA DRCK AVE STREET ADDRESS CITY-ST-7IP JUPITER FL 33458 CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition GOODWIN, J. BARTON NAME NAME 29 FAIRWAY LN STREET ADDRESS STREET ADDRESS CITY-ST-ZIP GREENWICH, CT 06830 CITY-ST-7IP TITLE Addition ☐ Delete TITLE ☐ Change GOODRICH, HOYT J NAME NAME 1975 MOORING LINE DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP VERO BCH, FL 32963 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition HORTON, THEODORE T JR. NAME NAME STREET ADDRESS 8 FOX RUN STREET ADDRESS CITY-ST-ZIP ALLENDALE, NJ 07401 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ■ Addition NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

FILED