2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

Feb 04, 2008 8:00 am Secretary of State DOCUMENT # F07000002386 02-04-2008 90045 028 ***158.75 ENG-WONG, TAUB & ASSOCIATES, P.A. Principal Place of Business Mailing Address ONE GATEWAY CENTER 26TH FLOOR ONE GATEWAY CENTER 26TH FLOOR NEWARK, NJ 07102 NEWARK, NJ 07102 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01222008 CR2E034 (12/06) 4. FEI Number Applied For City & State City & State 22-2895676 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 C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 Zip Code City 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 **SIGNATURE** DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 П Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. CPT Change ☐ Addition TITLE ☐ Delete TITLE NAME ENG-WONG, PAUL NAME STREET ADDRESS STREET ADDRESS 2 PENN PLAZA CITY-ST-ZIP CITY-ST-ZIP NEW YORK, NY 10121 VCVP TITLE Delete TITLE Change ☐ Addition NAME TAUB, MARTIN NAME 2 PENN PLAZA STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NEW YORK, NY 10121 CITY-ST-ZiP TITLE ☐ Delete TITLE Change ☐ Addition TAUB, MARTIN NAME NAME STREET ADDRESS 2 PENN PLAZA STREET ADDRESS CITY-ST-ZIP NEW YORK, NY 10121 CITY-ST-ZIP ☐ Change Addition ☐ Delete VEEREGOWDA, BABU NAME NAME STREET ADDRESS 2 PENN PLAZA STREET ADDRESS NEW YORK, NY 10121 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE Delete TITLE NAME KRAFT, WALTER NAME TWO ASHWOOD COURT STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **SUMMIT, NJ 07901** CITY-ST-ZIP Socidary Temb, Martin TITLE Delete TITLE **∠**Addition NAME NAME 2 Penn Phrza

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 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.

STREET ADDRESS

New York, NY 10121

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-7IP

1-24-2008 212 695-5858

FILED