2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # F9200000274 Feb 26, 2000 8:00 am Secretary of State SIGAL CONSTRUCTION CORPORATION 02-26-2000 90018 001 ***150.00 Principal Place of Business Mailing Address 3299 K STREET, N.W. 3299 K STREET, N.W. WASHINGTON DC 20007 WASHINGTON DC 20007-4415 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 52-1072370 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 C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324 City Zip Code FL 8. The above named entity submits this statement for the purpose of chariging its registered office or registered agent, or both, in the State of Florida Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DCS TITLE Addition ☐ Defete TITLE Change SIGAL, GERALD R NAME NAME STREET ADDRESS 3299 K STREET, N.W. STREET ADDRESS CITY-ST-ZIP WASHINGTON DC 20007 CITY-ST-ZIP TITLE ☐ Delete Change Addition O'DAY, SEAN NAME STREET ADDRESS 3299 K STREET, N.W. STREET ADDRESS CITY-ST-ZIP WASHINGTON DC CITY-ST-2IP TAS Delete TAS TITLE TIT) F Change noitibbA be DENNIS, CLARK E Richard S. Goldberg STREET ADDRESS 3299 K STREET NW STREET ADDRESS 3299 K Street, NW CITY-ST-ZIP WASHINGTON DC CITY-ST-ZIP Washington, DC 20007 ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME STARE ADDRESS STREET ADDRESS ST-ZIP CITY-ST-ZIP ☐ Defete Addition TITLE ☐ Change NAME ... ADDRESS STREET ADDRESS ST-ZIP CITY-ST-719 ☐ Delete TITLE ☐ Change ■ Addition NAMEADDRESS STREET ADDRESS ST-71P CITY-ST-7IP I hereby certify that the information supplements led with this fing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information report is true accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation or the receiver or tr stee empow changed, or on an attachment with

NING OFFICER OR DIRECTOR

February

2000

<u> 202-944-6600</u>