2001 UNIFORM BUSINESS REPORT (UBR) Apr 16, 2001 8:00 am Secretary of State DOCUMENT # F9300001070 1. Entity Name EIGHTH CAREY CORPORATE PROPERTY, INC. 04-16-2001 90019 018 ***150.00 Principal Place of Business Mailing Address 50 ROCKERFELLER PL 50 ROCKERFELLR PLAZA 2ND FLOOR NEW YORK FL 10020 NEW YORK FL 10020 US us 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 13-3421287 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name THE PRENTICE-HALL CORPORATION SYSTEM INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301 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. SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CD Change ☐ Addition TITLE ☐ Delete TITI F CAREY, WILLIAM P NAME NAME 50 ROCKERFELLER PLAZA STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY** VPAT TITLE Change ☐ Addition ☐ Delete TITLE termine. David G NAME NAME 50 ROCKEFELLER PLAZA STREET ADDRESS STREET ADDRESS **NEW YORK NY 10020** CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE □ Delete STODDARD, GEORGE E NAME NAME **50 ROCKERFELLER PLAZA** STREET ADDRESS STREET ADDRESS **NEW YORK NY** CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE KLEIN, LAWRENCE R DR NAME NAME **50 ROCKERFELLER PLAZA** STREET ADDRESS STREET ADDRESS **NEW YORK NY** CITY-ST-7IP CITY-ST-ZIP PRESIDENT ☐ Change Addition Addition TITLE ☐ Delete TITLE GORDON F. DUGAN NAME NAME SO ROCKEFFUER PLZ, 2/F STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NEW YORK, NY 10020 ☐ Change **Addition** ☐ Delete TITLE TITLE H. AUGUSTUS CAREY SO POCKEFELER PLZ/2/F

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE

NAME STREET ADDRESS

U YORK, NY 10020