2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachme

SIGNATURE:

Mar 11, 2002 8:00 am § Secretary of State DOCUMENT # F93000002447 1. Entity Name IR PINE CORP. 03-11-2002 90040 038 ***150.00 Mailing Address Principal Place of Business C/O PRESIDIO CAPITAL CORP. C/O PRESIDIO CAPITAL CORP. 7 BULFINCH PLACE, STE, 500 7 BULFINCH PLACE, STE, 500 **BOSTON MA 02114 BOSTON MA 02114** HS 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 13-2757115 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 THE PRENTICE-HALL CORPORATION SYSTEM, INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYES ST. STE. 105 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11; 12. TITI F ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME ASHNER, MICHAEL STREET ADDRESS STREET ADDRESS % PRESIDIO CAPITAL CORP. 7 BULFINCH PLACE CITY-ST-ZIP CITY-ST-ZIP BOSTON MA 02114-9507 ☐ Delete ☐ Addition TITLE TITLE Change VAS NAME NAME BRAVERMAN, PETER STREET ADDRESS STREET ADDRESS % PRESIDIO CAPITAL CORP. 7 BULFINCH PLACE CITY-ST-ZIP CITY-ST-7IP BOSTON MA 02114-9507 ☐ Change ☐ Addition TITLE Delete TITLE VST NAME NAME TIFFANY, CAROLYN STREET ADDRESS % PRESIDIO CAPITAL CORP. 7 BULFINCH PLACE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BOSTON MA 02114-9507 TITLE ☐ Change ☐ Addition TITLE ☐ Delete VAS NAME SWEENEY, LARA STREET ADDRESS STREET ADDRESS % PRESIDIO CAPITAL CORP. 7 BULFINCH PLACE CITY-ST-ZIP CITY-ST-ZIP **BOSTON MA 02114-9507** TITLE ☐ Delete TITLE ☐ Change ___ Addition NAME NAME STAPLES, TOM STREET ADDRESS STREET ADDRESS % PRESIDIO CAPITAL CORP. 7 BULFINCH PLACE CITY-ST-ZIP CITY-ST-ZIP **BOSTON MA 02114-9507** TITLE ☐ Change Addition TITLE ☐ Delete NAME NAME FORRESTER, ALLISON STREET ADDRESS STREET ADDRESS % PRESIDIO CAPITAL CORP. 7 BULFINCH PLACE CITY-ST-ZIP CITY-ST-ZIP BOSTON MA 02114-9507 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

l-other like empowered.

FILED