CR2E034 (5/01)

## 2001 UNIFORM BUSINESS REPORT (UBR)

## Aug 21, 2001 8:00 am Secretary of State DOCUMENT # F93000003931 1. Entity Name HOPLANT CORP. 08-21-2001 90003 012 \*\*\*550.00 Principal Place of Business Mailing Address G/O-GOLDMAN-SACHS & CO 600 E. LAS COLINAS BLVD., SUITE 1900 -100 CRESCENT-COURT-STE 1000-IRVING TX 75039 DALLAS TX 75201 -บร 2. Principal Place of Business 3. Mailing Address 600 E Las Colinas Blvd Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE <u>Suite 400</u> Suite 400 City & State City & State 4. FEI Number Applied For 13-3730257 Irving, Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired <u>75</u>039 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New 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 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 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 \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition EDLEMAN, MARTIN L NAME NAME STREET ADDRESS 888 7TH AVENUE STREET ADDRESS **NEW YORK NY** CITY-ST-ZIP CITY-ST-ZIE TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME KATZ, RICHARD NAME STREET ADDRESS 888 7TH AVENUE STREET ADDRESS CITY-ST-ZIP **NEW YORK NY** CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME ROTHENBERG, STUART NAME STREET ADDRESS **85 BROAD STREET** STREET ADDRESS CITY-ST-ZIP **NEW YORK NY** CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change ☐ Addition WILLIAMS, TODD NAME NAME STREET ADDRESS 100 CRESCENT COURT STE 1000 STREET ADDRESS CITY-ST-ZIP DALLAS TX CITY-ST-ZIP TITLE Delete TITLE Director ☐ Change Addition WINN, BRUCE NAME NAME Michael Doyle STREET ADDRESS 1013 CENTRE ROAD STREET ADDRESS 1013 Centre Road CITY-ST-ZIP WILMINGTON DE CITY-ST-ZIP Wilmington, DE 19805-TITLE ☐ Delete ☐ Addition \*\*SEE ADDENDUM ATTACHED HERETO NAME NAME STREET ADDRESS AND INCORPORATED HEREIN\*\* STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

SIGNATURE:

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SHEKIBURE REQUIRED, Secretary SIGNATURE AND TYPED OR PAINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #