2000 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 28, 2000 8:00 am Secretary of State DOCUMENT # **F93000004268** 1. Entity Name STRUCTURE-TONE, INC. 03-28-2000 90088 025 ***150.00 Mailing Address Principal Place of Business 15 EAST 26TH STREET EAST 26TH STREET NEW YORK NY 10010-1505 -- YORK NY 10010-1589 CACKORIO 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 13-2687699 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current 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 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 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, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. × Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CHAIRMAN Change Addition CEOT Deleta TITLE TITLE DONAGHY JAMES K 15 £,265 STREST NAME NAME DONAGHY, PATRICK J STREET ADDRESS STREET ADDRESS 15 EAST 26TH STREET CITY-ST-ZIP NKW YORK, NY 10010 CITY-ST-ZIP **NEW YORK NY** VICE CHAIRMAN Change ■ Addition ☐ Defete TITLE SEVP TITLE NAME NAME WHITE, JOHN T STREET ADDRESS STREET ADDRESS 15 EAST 26TH STREET CITY-ST-ZIP CITY-ST-7IP **NEW YORK NY** ☐ Change Addition TITLE TITLE CFO --- - -Delete NAME NAME FROIMOWITZ, RAY STREET ADDRESS STREET ADDRESS 15 EAST 26TH ST CITY-ST-ZIP CITY-ST-ZIP NY NY ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME CARVETTE, ANTHONY STREET ADDRESS STREET ADDRESS 15 EAST 26TH ST CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY** ☐ Change ☐ Addition Defete TITLE TITLE AS CAHILL, DAVID NAME STREET ADDRESS STREET ADDRESS 15 E 26TH ST CITY-ST-ZIP CITY-ST-ZIF ny ny ☐ Addition Delete ☐ Change TITLE TITLE VC NAME DONAGHY, JAMES K NAME STREET ADDRESS | 15 E 26TH ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NY NY 13. I hereby certify that the information supplied with this filling 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 empower

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING