SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED **PROFIT** Aug 06 1997 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPÕRT Secretary of State Secretary of State DIVISION OF CORPORATIONS F9300005892 (5) DOCUMENT # TRIAK SERVICES CORP Principal Place of Business Mailing Address 1665 PALM BEACH LAKE BLVD. **50 BROADWAY** SUITE 802 18TH FLOOR WEST PALM BEACH FL 33401 DO NOT WRITE IN THIS SPACE **NEW YORK NY 10004** 3. Date Incorporated or Qualified 3a. Date of Last Report 12/28/1993 02/14/1996 2. Principal Place of Business 2a. Mailing Address 4, FEI Number Applied For 16 FORUM BLVD. 7 HANOVER SQUARE 13-3594912 Not Applicable 21 Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 471 SUITE Fee Regulred City & State City & State \$5.00 May Be 6. Election Campaign Financing NEW YORK 23 WEST PALM Trust Fund Contribution Added to Fees Country Country 8. This corporation owes or has paid the current year Intaggible **▼**No 30 Personal Property Tax due June 30. ___ Yes 1000 25 29 Name and Address of Current Registered Ager Name and Address of New Registered Agent R1 Name THE PRENTICE-HALL CORPORATION SYSTEM INC Det 1201 HAYES ST. rget Address (P.O. Box Nymber is Not Acceptable)
601 Forum Place STE 90(82 STE. 105 83 TALLAHSSEE FL 32301 Palm Beach Jest 11. Pursuant to the provisions of Sections 607.05:02 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida, Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the companion of the statutes.

SIGNATURE

SIGNATURE Signature, typed or printed name of registered agent and little if applicati (NOTE_Hogistered Agent's gnature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. PCD NEVILLE GOLVALA DELETE Change 11 101 6 (M) TITLE 7 HANOVER SQUARE UTH FLOOR LANG, EVERETT F NAME 1.2 NAME 50 BROADWAY, 18TH FLOOR STREET ADDRESS 1.3 STREET ADDRESS **NEW YORK NY** NEW YOLK, NO JOHN HOLMAN CITY-ST-ZIP 14 OILY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE 7 HANOVER SQUALE KARSH, BILL 2.2 NAME NAME 1 EXCHANGE PLAZA, 21ST FLOOR 4TH FLOOR STREET ADDRESS 2.3 STREET ADDRESS **NEW YORK NY** YORK CITY-\$1-ZIP 2. 4 CITY-ST-ZIP D DELETE Change ☐ Addition TITLE 3.1 TITLE EVERETT F. LANG 7 HANGUER SQUARE UTH FLOOR ROSEN, SETH NAME 3.2 NAME **50 BROADWAY** 3.3 STREET ADDRESS STREET ADDRESS ITH FLOOR **NEW YORK NY** NEW YORK CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 41 TITLE KUCHARSKI, ED NAME 4. 2 NAME SETH LOSEN 7 HANOVER SQUARE **50 BROADWAY** STREET ADDRESS 4.3 STREET ADDRESS **NEW YORK NY** 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 5.1 TITLE Change Addition Addition TITLE ED KUOHARSKI KAPE, BRIAN 5.2 NAME NAME THANOVER SQUARE 50 BROADWAY, 18TH FLOOR 5.3 STREET ADDRESS STREET ADDRESS **NEW YORK NY** 5.4 CITY - ST - ZIP CITY-ST-ZIP NEW YOLK Change DELETE ☐ Addition 6.1 TITLE TITLE BILL KAKSH SEIBEL, HOWARD 6.2 NAME NAME IOCXCHANGE I CITY-ST-ZIP | NEW YURK NY

14. I do 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 annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 12 or Block 13 if changed, or on an attachment with an address. **50 BROADWAY** STREET ADDRESS 6.3 STREET ADDRESS

212-863-4702