FILED

2003 FOR PROFIT CORPORATION

Apr 29, 2003 8:00 am **UNIFORM BUSINESS REPORT (UBR)** Secretary of State F93000005954 DOCUMENT # 1. Entity Name 04-29-2003 90049 002 ***150.00 AMBROSI & ASSOCIATES, INC. Principal Place of Business Mailing Address 450 W. 33RD STREET. 11TH FLOOR 200 W. JACKON BLVD. SUITE 600 NEW YORK NY 10001 CHICAGO IL 60607 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 36-3762885 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD **PLANTATION FL 33324** 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Change TITLE ☐ Delete TITLE ☐ Addition DRASNER, FRED NAME NAME 450 WEST 33RD STREET STREET ADDRESS STREET ADDRESS **NEW YORK NY** CITY-ST-ZIP CITY-ST-ZIP DEVPS ☐ Delete TITLE TITLE Change □ Addition KRALL, MARTIN D 450 WEST 33RD STREET STREET ADDRESS STREET ADDRESS **NEW YORK NY** CITY-ST-ZIP CITY-ST-ZIP DEVP DEVPCOO TITLE Change ☐ Delete TITLE ☐ Addition VECCHIOLLA, JOESPH NAME 450 W. 33RF ST STREET ADDRESS STREET ADDRESS **NEW YORK NY 10001** CITY-ST-ZIP CITY-ST-ZIP SVPCFOT

Chicago, The 60607 12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

TITLE

NAME

TITLE

TITLE

STREET ADDRESS

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STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

SIGNATURE:

SVCF

TOROSIAN, KENNETH

NEW YORK NY 10001

NARDULLI, ELTORE 6115 OFFICIAL ROAD

CRYSTAL LAKE IL

GRADY, PATRICK

450 W. 33RD ST

NEW YORK NY 10001

450 W. 33RD ST.

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NAME

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING

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Martin D. Krall

Nardulli, Ettore

Morrisay, Dan 1100 West Washington Blud

Change

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Addition

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CR2E034 (10/02)