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May 05, 1999 8:00 am
Secretary of State

05-05-1999 90016 045 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F94000002912

1. Corporation Name
BALLANTRAE HOLDING CORP.

Principal Place of Business

260 LONG RIDGE RD
SUITE 900
STAMFORD CT 06927
US

Mailing Address

DEPT. 8109
260 LONG RIDGE RD.
STAMFORD CT 06927-9621
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/03/1994

4. FEI Number

06-1398648

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 S. PINE ISLAND RD.
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 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 obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE
NAME FRAIZER, MICHAEL D
STREET ADDRESS 260 LONG RIDGE RD.
CITY-ST-ZIP STAMFORD CT 06927

TITLE V ☐ DELETE
NAME SANTORO, EDWARD J
STREET ADDRESS 260 LONG RIDGE RD.
CITY-ST-ZIP STAMFORD CT 06927

TITLE V ☐ DELETE
NAME HENRY, DAVID B
STREET ADDRESS 260 LONG RIDGE RD.
CITY-ST-ZIP STAMFORD CT 06927

TITLE V ☐ DELETE
NAME PFEIFFER, R E
STREET ADDRESS 260 LONG RIDGE RD.
CITY-ST-ZIP STAMFORD CT 06927

TITLE VS ☐ DELETE
NAME HOZA, JEFFREY S
STREET ADDRESS 600 W. PEACHTREE ST., N.W.
CITY-ST-ZIP ATLANTA GA 30308

TITLE VS ☐ DELETE
NAME EKBLAW, ERIC
STREET ADDRESS 600 W. PEACHTREE ST., N.W.
CITY-ST-ZIP ATLANTA GA 30308

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ASST TREAS - TAXES ☐ Change ☒ Addition
1.2 NAME John Amato
1.3 STREET ADDRESS 260 Long Ridge Rd
1.4 CITY-ST-ZIP Stamford CT 06927

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

203-357-4544

SIGNATURE:

SIGNATURE JOHN AMATO 4.28.99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)