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FILED
Jan 26 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F94000003384 (4)

1. Corporation Name

TCG SOUTH FLORIDA HOLDINGS II, INC.

Principal Place of Business

Mailing Address

ONE TELEPORT DRIVE
STATEN ISLAND NY 10311

ONE TELEPORT DRIVE
STATEN ISLAND NY 10311

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/28/1994

4. FEI Number

51-0356761

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PCO ☐ DELETE
NAME ANNVNZIATA, ROBERT
STREET ADDRESS ONE TELEPORT DRIVE
CITY-ST-ZIP STATEN ISLAND NY 10311

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE CFOD ☐ DELETE
NAME SCARPATI, JOHN A
STREET ADDRESS ONE TELEPORT AVENUE
CITY-ST-ZIP STATEN ISLAND NY 10311

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

TITLE SVD ☐ DELETE
NAME ATKINSON, ROBERT C
STREET ADDRESS ONE TELEPORT AVENUE
CITY-ST-ZIP STATEN ISLAND NY 10311

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

TITLE VS ☐ DELETE
NAME THOMSON, JOHN W
STREET ADDRESS ONE TELEPORT AVENUE
CITY-ST-ZIP STATEN ISLAND NY 10311

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

TITLE SVP ☐ DELETE
NAME HANSEN, ALF T
STREET ADDRESS ONE TELEPORT AVENUE
CITY-ST-ZIP STATEN ISLAND NY 10311

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
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.

SIGNATURE

[Handwritten Signature]

11-128 (200) 355-4145

CR2E034 (10/97)