2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # F94000004788 Sep 22, 2000 8:00 am Secretary of State 1. Entity Name Josephthal asset and facilities corp. 09-22-2000 90040 003 ***550.00 Mailing Address Principal Place of Business C/O JOSEPHTHAL \$ CO. INC. C/O ROBERT E. SHEA- ASST. CONTROLLER 45 BROADWAY 200 PARK AVE. 25TH FLOOR NEW YORK NY 10166 NEW YORK NY 10006 3. Mailing Address 2. Principal Place of Business Controller Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 200 Park Avenue-24thFl City & State Applied For 4. FEI Number 13-3781305 City & State Not Applicable ew Yolk Country \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 10166 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PRENTICE HALL CORPORATION SYSTEM, INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYES ST., #105 TALLAHASSEE FL 32301 Zip Code City F١ 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 Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. DC 1 . 1. . Addition ☐ Change Delete TITLE TITLE PURJES, DAN NAME NAME 200 PARK AVE., 25TH FLOOR STREET ADDRESS STREET ADDRESS **NEW YORK NY 10166** CITY-ST-ZIP CITY-ST-ZIP Delete SD AO/D ☐ Change Addition TITLE TITLE David Kionenberg RODEN, CHARLES NAME NAME 200 Pall Avenue - 25th floor 200 PARK AVE., 25TH FLOOR STREET ADDRESS STREET ADDRESS NEWYOIK, MY 10166 **NEW YORK NY 10166** CITY-ST-ZIP CITY-ST-ZIP **CFO** ☐ Addition ☐ Change ☐ Delete TITLE TITLE AGOSTA, SALVATORE NAME NAME 45 BROADWAY, 20TH FLOOR STREET ADDRESS STREET ADDRESS **NEW YORK NY 10006** CITY-ST-7IP CITY-ST-ZIP VD Detete ☐ Change Addition TITLE TITI F Dennis me Mamara RICE, LAWRENCE R. NAME 200 Per K Avenue - 25th floor 200 PARK AVE., 25TH FLOOR STREET ADDRESS STREET ADDRESS **NEW YORK NY 10166** CITY-ST-ZIP New Yolk, MY CITY-ST-ZIP Change ☐ Delete Addition TITLE FITZGERALD, PAUL NAME 200 PARK AVE., 25TH FLOOR STREET ADDRESS STREET ADDRESS **NEW YORK NY 10166** CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Change Addition ☐ Delete TITLE

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

212-907~4522