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Sep 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000005699

1. Corporation Name: MS Northeast Partners, Inc.

Principal Place of Business / Mailing Address

3. Date Incorporated or Qualified: 8/16/94
3a. Date of Last Report:

2. Principal Place of Business: 21 1585 Broadway
Suite, Apt. #, etc.: 22 37th Fl.
City & State: 23 New York, NY
Zip: 24 10036 Country: 25 USA.

2a. Mailing Address: 26 Same
Suite, Apt. #, etc.: 27
City & State: 28
Zip: 29 Country: 30

4. FEI Number: 13-3794663 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CT 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 Numbers Not Acceptable)
83
84 City FL 85 Zip Code

200002598842
-09/22/97--01007--012
***300.00

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's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V/D ☐ Change ☐ Addition
1.2 NAME	Owen D. Thomas
1.3 STREET ADDRESS	1585 Broadway
1.4 CITY-ST-ZIP	New York, NY 10036
2.1 TITLE	C/D ☐ Change ☐ Addition
2.2 NAME	James M. Allwin
2.3 STREET ADDRESS	Same as above
2.4 CITY-ST-ZIP	
3.1 TITLE	V/D ☐ Change ☐ Addition
3.2 NAME	Christian B. Malone
3.3 STREET ADDRESS	same as above
3.4 CITY-ST-ZIP	
4.1 TITLE	V ☐ Change ☐ Addition
4.2 NAME	C. William Hosler
4.3 STREET ADDRESS	same as above
4.4 CITY-ST-ZIP	
5.1 TITLE	V ☐ Change ☐ Addition
5.2 NAME	Michael E. Foster
5.3 STREET ADDRESS	same as above
5.4 CITY-ST-ZIP	
6.1 TITLE	P ☐ Change ☐ Addition
6.2 NAME	William M. Lewis, Jr.
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	same as above

CR2E034 (9/96)

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 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: C. William Hosler C. William Hosler, VP 9/16/97 2127614194
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

1/2 9/19/97