MAR-01-2000 09:55 CT CORPORATION SYSTEM

DOCUMENT # F94000006037

FILED
Mar 15, 2000 8:00 am
Secretary of State
03-15-2000 90135 024 ***150.00

1. Entity Name

HD Brous & Co., Inc.

Principal Place of Business / Mailing Address

40 Cuttermill Road
Great Neck, NY 11021

800039077

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address	4. FEI Number 11-2894681 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Zip / Country	Zip / Country	

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CT Corporation System 1200 South Pine Island Road Plantation, FL 32324	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** 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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete D Howard D. Brous HD Brous & Co., Inc. 40 Cuttermill Rd, Great Neck, NY 11021	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete CFO Ellen Brous HD Brous & Co., Inc. 40 Cuttermill Rd, Great Neck, NY 11021	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete CEO Howard D. Brous HD Brous & Co., Inc. 40 Cuttermill Rd. Great Neck, NY 11021	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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.

SIGNATURE: _____ Howard Brous 3/10/2000 516 773-1500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E014 (10/00)