2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # F9400006218 Apr 21, 2000 8:00 am Secretary of State CONTER 1. Entity Name CHANCES FOR CHILDREN, INC 04-21-2000 90146 042 ****61.25 Principal Place of Business Mailing Address 850 SEVENTH AVENUE 850 SEVENTY AVENUE STE 606 STE 606 NEW YORK NY 10048-1095 NEW YORK NY 10019 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 13-3794960 Not Applicable Country Ziρ Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 Zip Code FL 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. MEN LIKE TO LIVE I 24 E/2 22 SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. П Added to Fees Department of State FEE IS \$61.25 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Addition TITLE TITLE ☐ Delete THE DUCHES OF YORK NAME NAME BUCKINGHAM PALACE, LONDON 8WA 1AA ENGLAND STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OUT OF COUNTRY Addition Detete TITLE TITLE 312, East 22 2 Street #5R NAME WARD, CHRISTINE NAME STREET ADDRESS STREET ADDRESS 230 E. 75TH ST. CITY-ST-ZIP 102K, NY 10010 CITY-ST-ZIP NEW YORK NY ☐ Delete ☐ Addition TITLE GERARD, JAMES NAME STREET ADDRESS STREET ADDRESS. 1675 BROADWAY ORK, NY 1000 CITY-ST-ZIP CITY-ST-7IP NEW YORK NY ☐ Delete TITI F TITLE MICHAELS, JOSEPH NAME NAME STREET ADDRESS STREET ADDRESS 330 MADISON AVE CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY** ☐ Addition ☐ Defete TITLE TITLE REDLENER, DR IRWIN NAME STREET ADDRESS STREET ADDRESS 317 EAST 6TH STREET CITY-ST-ZIP CITY-ST-ZIP NEW YORK NY 10021 Addition ☐ Change TITLE TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP-

hation 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 polemental 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 siver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if 12. Thereby certify that the inform changed, or on an attackment wit an address, with all other li