2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jun 05, 2000 8:00 am Secretary of State DOCUMENT # F95000000356 1. Entity Name ALBUQUERQUE WHALER 95-B CORPORATION 06-05-2000 90006 046 ***150.00 Principal Place of Business Mailing Address 1000 HARBOR BLVD 1285 AVE OF AMERICAS 14TH FLOOR TAX DEPT 9TH FLOOR NEW YORK NY 10019 WEEHAWKEN NJ 07087-6727 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 13-3850560 Not Applicable Zip Country 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 CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 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. ☐ Delete TITLE ☐ Change Addition TITLE PLUST, STEVEN J NAME NAME 1285 AVE OF AMERICAS, 14TH FL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NEW YORK NY 10019 Delete TITLE Change ☐ Addition TITLE BANYAI, GERALDINE L NAME NAME STREET ADDRESS STREET ADDRESS 1285 AVE OF AMERICAS, 14TH FL CITY-ST-7IP CITY-ST-ZIP **NEW YORK NY 10019** Change ☐ Addition ☐ Delete TITLE TITLE KELLY, LAURA NAME NAME 1000 HARBOR BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WEEHAWKEN NJ 07087 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE ENGLANDER, PETER NAME NAME 13077 HIGHWAY 19 WEST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BRYSON CITY NC 28713** CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE BAUM, STEVEN P NAME NAME STREET ADDRESS 1285 AVE OF AMERICAS, 14TH FL STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY 10019** ☐ Change ☐ Addition ΑT ☐ Delete TITLE TITLE LEVINE, KEN NAME NAME STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

45 ...

1000 HARBOR BLVD/TAX DEPT 9TH FLOOR

WEEHAWKEN NJ

Levine 4-26-00 (201