2001 UNIFORM BUSINESS REPORT (UBR)

Apr 06, 2001 8:00 am Secretary of State DOCUMENT # F9500001229 1. Entity Name SEA CREWS II. INC. 04-06-2001 90014 020 ***150 00 Principal Place of Business Mailing Address FOUR EMBARCADERO CENTER FOUR EMBARCADERO CENTER SUITE 2200 SHITE 2200 AUU43181 SAN FRANCISCO CA 34111 SAN FRANCISCO CA 34111 US US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 72-6048812 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name THE PRENTICE-HALL CORPORATION SYSTEM, INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301 City 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 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. CR2E034 (10/00) **CPCS** ☐ Change Addition ☐ Delete TITLE TITLE WOODS, ROBERT NAME NAME STREET ADDRESS 111 WEST 50TH STREET STREET ADDRESS CITY-ST-ZIP **NEW YORK NY 10020** CITY-ST-ZIP CPCS ☐ Defete TITLE Change Addition SCHWALBE, RICHARD J NAME NAME STREET ADDRESS FOUR EMBARCADERO CENTER STREET ADDRESS SAN FRANCISCO CA 34111 CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITI F NAME Jahrmarkt, Michael H NAME STREET ADDRESS 111 WEST 50TH STREET STREET ADDRESS CHY-ST-ZIE **NEW YORK NY 10020** CITY-ST-ZIP AS ☐ Delete ☐ Change ☐ Addition TITLE TITLE NORD, THOMAS C NAME NAME FOUR EMBARCADERO CENTER STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SAN FRANCISCO CA 34111 CITY-ST-ZIP ☐ Change TITLE ☐ Delete ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS 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:

CITY-ST-7IP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas C. Nord

4159553340

FILED