2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F95000003549

Suite, Apt. #, etc.

City & State

Zip

SIGNATURE

KOALA TAMPA REALTY HOLDING CO., INC.

Country

C T CORPORATION SYSTEM

PLANTATION FL 33324

1200 SOUTH PINE ISLAND ROAD

6. Name and Address of Current Registered Agent

Signature, typed or printed name of registered agent and title if applicable

Mailing Address Principal Place of Business 23 WALL STREET 23 WALL STREET NEW YORK NY 10260-1000 NEW YORK NY 10260-0023 2. Principal Place of Business 3. Mailing Address

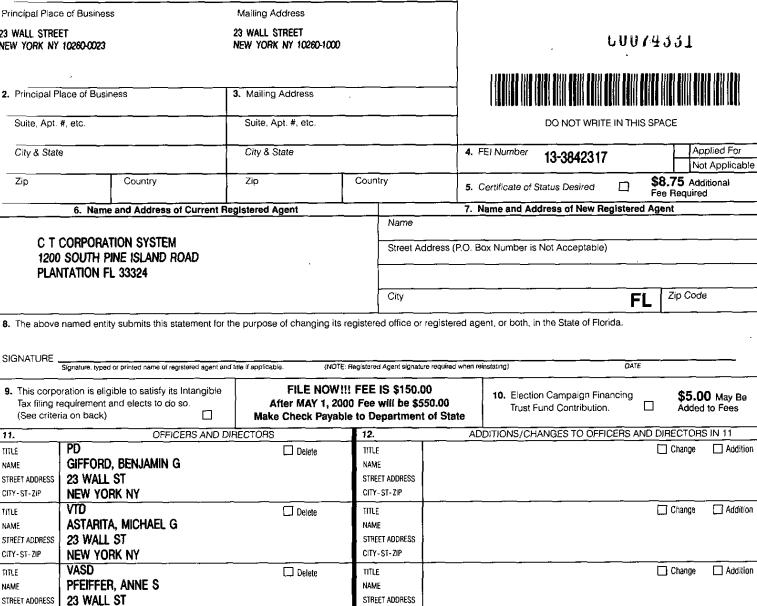
Suite, Apt. #, etc

City & State

Zip

FILED Apr 26, 2000 8:00 am Secretary of State

04-26-2000 90079 035 ***150.00



FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ☐ Delete TITLE TITLE GIFFORD, BENJAMIN G NAME NAME STREET ADDRESS STREET ADDRESS 23 WALL ST CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY** VTD ☐ Delete TITLE ASTARITA, MICHAEL G NAME NAME 23 WALL ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY** VASD ☐ Delete TITLE TITLE PFEIFFER, ANNE S NAME 23 WALL ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **NEW YORK NY** CITY-ST-ZIP VAS Change ☐ Addition ☐ Delete TITLE TITLE DORT, ALFRED NAME NAME 23 WALL ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY 23** Addition VASD ☐ Change TITLE TITLE Delete Giliberto Jr., S. Michael GARDINER, DOUGLAS R NAME NAME STREET ADDRESS 23 WALL ST STREET ADDRESS CITY-ST-ZIP York, N.Y 10260-0027 **NEW YORK NY 10260-0023** CITY-ST-ZIP VAS Change ☐ Addition TITLE □ Delete TITLE CHEN, DAVID NAME NAME 23 WALL ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NEW YORK NY 10260-0023

Country

Name

City

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 attach

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIREC M. Mancuss

CR2E034 (9/99)