FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED Apr 01 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 F95000004359 (4) **DOCUMENT** # SCG-ACP GP I, INC. Principal Place of Business Mailing Address C/O STARWOOD CAPITAL GROUP, L.P. C/O STARWOOD CAPITAL GROUP, L.P. 3 PICKWICK PLAZA #250 3 PICKWICK PLAZA #250 **GREENWICH CT 06830 GREENWICH CT 06830** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/07/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 06-1433069 21 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution П Added to Fees 28 Country Country Zip 8. This corporation owes or has paid the current year Intangible 24 29 Personal Property Tax due June 30. Yes 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD 82 Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL 33324 83 84 City Zip Code 11. Pursuant to the provisions of Sections 607.05.02 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOT) Registered Agent signature required when reinstating 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TITLE 1.1 TOLE STERNLICHT, BARRY S NAME 1.2 NAME CR2E034 3 PICKWICK PLAZA #250 STREET ADDRESS 1.3 STREET ADDRESS **GREENWICH CT 06830** CITY-ST-ZIP 1.4 CITY-ST-ZIP DELFTE TITLE 2.1 TITLE GROSE, MADISON F 2.2 NAME NAME 3 PICKWICK PLAZA #250 STREET ADDRESS 2.3 STREET ADDRESS **GREENWICH CT 06830** CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE SILVEY, JEROME C NAME 3.2 NAME 3 PICKWICK PLAZA #250 STREET ADDRESS 3 3 STREET ADDRESS **GREENWICH CT 06830** 3 4. CITY - ST - ZIP CITY-SY-ZIP DELETE Change Addition 41 TITLE TITLE BABB, JAMES G III NAME 4. 2 NAME 3 PICKWICK PLAZA #250 STREET ADDRESS 4.3 STREET ADDRESS **GREENWICH CT 06830** 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 Title

14. I hereby certify that the information supplied with this light does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual circle 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, so on an all inchigent with an address.

5.2 NAME

6.1 TITLE 6.2 NAME

DELETE

5.3 STREET ADDRESS

6.3 STREET ADDRESS

54 CITY-S1-ZIP

SIGNATURE:

NAME

TITLE

NAME STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

3/26/48 203-861-2106

☐ Change

Addition