2000 UNIFORM BUSINESS REPORT (UBR)

FILED May 23, 2000 8:00 am Secretary of State DOCUMENT # F95000004491 CONDOR ONE, INC. 05-23-2000 90245 005 ***150.00 Principal Place of Business Mailing Address % GE CAPITAL CORPORATION **DEPT 8109** 292 LONG RIDGE RD 260 LONF RIDGE RD. STAMFORD CT 06927 STAMFORD CT 06927-0001 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 06-1423651 Not Applicable Zip 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 C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 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 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, 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, Addition TITLE TITLE Asst The As- TAXES **/**Delete Sonn Amato SCHULMAN, GARY J NAME NAME nn Lora Ridge Rd 260 LONG RIDGE RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP STAMFORD CT CITY-ST-ZIF TITLE ☐ Addition ☐ Delete TITLE Change HENRY, DAVID B NAME NAME % GE CAPITAL CORPORATION 292 LONG RIDGE RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-ST-ZIP STAMFORD CT 06927 ٧S TITLE ☐ Delete TITLE ☐ Change Addition STOCKTON, DMITRI NAME NAME STREET ADDRESS % GE CAPITAL CORPORATION 292 LONG RIDGE RD STREET ADDRESS CITY-ST-ZIF STAMFORD CT 06927 CITY-ST-ZIP ☐ Change Addition TITLE PAPPAGALLO, MICHAEL V NAME % GE CAPITAL CORPORATION 292 LONG RIDGE RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STAMFORD CT 06927 TITLE ☐ Change Addition NAME PFEIFFER, ROBERT E STREET ADDRESS % GE CAPITAL CORPORATION 292 LONG RIDGE RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STAMFORD CT 06927 TITLE ☐ Delete TITLE ☐ Change ☐ Addition AMATO, JOHN NAME NAME STREET ADDRESS LONG RIDGE RD STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP STAMFORD CT 06927

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.

SIGNATURE:

JOHN AMATO

5-1-2000

Daytime Phone #

CR2E034 (9/99)