2000 UNIFORM BUSINESS REPORT (UBR)

Apr 21, 2000 8:00 am Secretary of State DOCUMENT # F9500004752 BHC ASSETS, INC. 04-21-2000 90136 047 ***150.00 Mailing Address Principal Place of Business 5355 TOWN CENTER ROAD 5355 TOWN CENTER ROAD SUITE 200 SUITE 200 BOCA RATON FL 33486-1068 **BOCA RATON FL 33486** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0439834 Not Applicable \$8.75 Additional Zip Country Zip Country 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change Addition Delete TITLE TITLE NAME siegel, herbert j NAME STREET ADDRESS 767 FIFTH AVENUE, 46TH FLOOR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NEW YORK NY 10153 DSVP ☐ Change ☐ Addition Delete TITLE TITLE SIEGEL, WILLIAM D NAME NAME STREET ADDRESS 767 5TH AVE 46TH FLOOR STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **NEW YORK NY 10153** ☐ Addition - Change TITLE ☐ Delete TITLE MERKEL, JOELEN K NAME NAME STREET ADDRESS 5355 TOWN CENTER ROAD, SUITE 200 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33486** ☐ Addition Change **VPS** ☐ Delete TITLE TITLE NAME KELLY, BRIAN 767 FIFTH AVENUE, 46TH FLOOR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY 10153** ☐ Change ☐ Addition VTAS ☐ Delete TITI F TITLE MERKEL, JOELEN NAME STREET ADDRESS 5355 TOWN CENTER ROAD, SUITE 200 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **BOCA RATON FL 33486** Change ☐ Addition AS ☐ Delete TITLE TITLE FISCHER, DAVID C NAME

NEW YORK NY 10154 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

345 PARK AVENUE

Brian C. Kelly STANATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(212)421-0200

FILED