2001 UNIFORM BUSINESS REPORT (UBR)

Apr 19, 2001 8:00 am Secretary of State DOCUMENT # F95000004752 1. Entity Name BHC ASSETS, INC. 04-19-2001 90298 049 ***150.00 Principal Place of Business Mailing Address 5355 TOWN CENTER ROAD 5355 TOWN CENTER ROAD Suite 200 SUITE 200 **BOCA RATON FL 33486 BOCA RATON FL 33486** 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 65-0439834 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New 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 DATE 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 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 OFFICERS AND DIRECTORS 12. 11. ☐ Addition PC Change TITLE Delete TITLE NAME SIEGEL. HERBERT J NAME STREET ADDRESS STREET ADDRESS 767 FIFTH AVENUE, 46TH FLOOR CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY 10153** ☐ Addition DSVP ☐ Defete TITLE Change NAME SIEGEL. WILLIAM D NAME STREET ADDRESS STREET ADDRESS 767 5TH AVE 46TH FLOOR CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY 10153** ☐ Change - ☐ Addition TITLE ☐ Delete TIT! F MERKEL, JOELEN K NAME NAME STREET ADDRESS STREET ADDRESS 5355 TOWN CENTER ROAD, SUITE 200 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33486** TITLE ☐ Delete TITLE Change ☐ Addition KELLY, BRIAN NAME NAME STREET ADDRESS STREET ADDRESS 767 FIFTH AVENUE, 46TH FLOOR CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY 10153 VTAS** ☐ Delete TITLE Change ☐ Addition TITI F MERKEL, JOELEN NAME NAME STREET ADDRESS STREET ADDRESS 5355 TOWN CENTER ROAD, SUITE 200 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33486** TITLE AS ☐ Delete TITLE (Change ☐ Addition FISCHER, DAVID C NAME NAME STREET ADDRESS 345 PARK AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **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.

SIGNATURE:

NO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/10/01

212 42 0200 Davrime Phone #