2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 15, 2002 8:00 am § Secretary of State **DOCUMENT #** F95000005531 1. Entity Name PLANTATION OFFICE CORP. 05-15-2002 90165 032 ***150 00 Principal Place of Business Mailing Address ONE PENN PLAZA SUITE 4015 ONE PENN PLAZA SUITE 4015 **NEW YORK NY 10119** NEW YORK NY 10119 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 13-3858393 Not Applicable Zip Country Zip 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 CORPORATION SERVICE COMPANY P.O. Box Number is Not Acceptable) Street Addre 1201 HAYS STREET **SUITE 105** TALLAHASSEE FL 32301 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) ΧX Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 TITI F ☐ Delete TITLE ☐ Change ☐ Addition NAME WENK, JOSEPH R NAME STREET ADDRESS ONE PENN PLAZA SUITE 4015 STREET ADDRESS CITY-ST-ZIP **NEW YORK NY 10119** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition SIMS, MICHAEL S NAME NAME STREET ADDRESS ONE PENN PLAZA SUITE 4015 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY 10119** TITLE **VSD** ☐ Delete TITLE Change ☐ Addition NAME RODGERS, ROBERT H JR NAME STREET ADDRESS STREET ADDRESS ONE PENN PLAZA SUITE 4015 CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY 10119** TITLE ☐ Delete ats TITLE ☐ Change ☐ Addition NAME SEIDNER, MARTIN L NAME STREET ADDRESS ONE PENN PLAZA SUITE 4015 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **NEW YORK NY 10119** TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME

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

VICE PRESIDENT

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR