SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 OCT 19 PM 12:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F95000005821

1. Corporation Name
PINE ISLAND INVESTMENT HOLDINGS, INC.

Principal Place of Business	Mailing Address
280 PARK AVENUE, 37 WEST NEW YORK NY 10017	280 PARK AVENUE, 37 WEST NEW YORK NY 10017

REINSTATEMENT AGR

3. Date Incorporated or Qualified: 11/29/1995

2. Principal Place of Business	2a. Mailing Address
21 3539 So. Eastern Ave.	26 3539 South Eastern Ave
22 Suite, Apt #, etc.	27 Suite, Apt. #, etc.
23 City & State: Las Vegas NV	28 City & State: Las Vegas NV
24 Zip: 89109 25 Country	29 Zip: 89109 30 Country

4. FEI Number: 13-3860407 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name: C T Corporation System
82 Street Address (P.O. Box Number Is Not Acceptable): 1200 South Pine Island Road
83
84 City: Plantation FL 85 Zip Code: 33324

11. Pursuant to the provisions of sections 607.0502 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: [signature] Jonathan R. Giddings, Assistant Secretary — 10/18/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PCD	☒ DELETE	1.1 TITLE	Director, VP & Treasurer	☐ Change ☒ Addition
NAME	LORD, EDWARD G		1.2 NAME	Noah Mallin	
STREET ADDRESS	280 PARK AVENUE, 37 WEST		1.3 STREET ADDRESS	110 East 59 St. Suite 3202	
CITY-ST-ZIP	NEW YORK NY		1.4 CITY-ST-ZIP	NY NY 10022	
TITLE	VSD	☒ DELETE	2.1 TITLE	President	☐ Change ☒ Addition
NAME	DRACOS, F J		2.2 NAME	Joel Mallin	
STREET ADDRESS	280 PARK AVENUE, 37 WEST		2.3 STREET ADDRESS	110 East 59 St. Suite 3202	
CITY-ST-ZIP	NEW YORK NY		2.4 CITY-ST-ZIP	NY NY 10022	
TITLE	TD	☒ DELETE	3.1 TITLE	[redacted] VP	☐ Change ☒ Addition
NAME	FRASER, JOHN		3.2 NAME	Roland Hennessey	
STREET ADDRESS	280 PARK AVENUE		3.3 STREET ADDRESS	110 East 59 St. Suite 3202	
CITY-ST-ZIP	NEW YORK NY		3.4 CITY-ST-ZIP	NY NY 10022	
TITLE	D	☒ DELETE	4.1 TITLE	Secretary	☐ Change ☒ Addition
NAME	PHILIPPIN, CHARLES J.		4.2 NAME	Dali Misud	
STREET ADDRESS	280 PARK AVE., 37 WEST		4.3 STREET ADDRESS	110 East 59 St. Suite 3202	
CITY-ST-ZIP	NEW YORK NY		4.4 CITY-ST-ZIP	NY NY 10022	
TITLE		☐ DELETE	5.1 TITLE	AT	☐ Change ☒ Addition
NAME			5.2 NAME	William J. Postiglione	
STREET ADDRESS			5.3 STREET ADDRESS	1266 E. Main St., Suite 600	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Stamford, CT. 06902	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

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*****750.00 *****750.00

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: William J. Postiglione ASST. TREAS 10/12/99 KE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (5/99)