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2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

May 02, 2001 8:00 am Secretary of State DOCUMENT # F9600001072 PRESTIGE REALTY HOLDING COMPANY, INC. 05-02-2001 90041 016 ***150.00 Principal Place of Business Mailing Address 522 5TH AVE. 522 5TH AVE. NEW YORK NY 10036 NEW YORK NY 10036 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 13-3873625 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 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 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 11. OFFICERS AND DIRECTORS CR2E034 (10/00) TITLE ☐ Delete ☐ Addition NAME NAME GIFFORD, BENJAMIN STREET ADDRESS STREET ADDRESS 23 WALL ST. CITY-ST-ZIP CITY-ST-ZIP NEW YORK NY 10260-0023 TITLE ☐ Delete TITLE ☐ Addition VTD NAME NAME ASTARITA, MICHAEL STREET ADDRESS STREET ADDRESS 23 WALL ST. CITY-ST-ZIP CITY-ST-ZIP NEW YORK NY 10260-0023 TITLE ☐ Delete ☐ Change ☐ Addition VAS NAME NAME DORT, ALFRED STREET ADDRESS STREET ADDRESS 23 WALL ST. CITY-ST-ZIP CITY-ST-ZIP NEW YORK NY TITLE VAS ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME CHEN, DAVID STREET ADDRESS STREET ADDRESS 23 WALL ST. CITY-ST-ZIP CITY-ST-ZIP NEW YORK NY TITLE ☐ Delete ☐ Change VAS TITLE Addition NAME BONAPACE, MARK J NAME STREET ADDRESS STREET ADDRESS 23 WALL ST. CITY-ST-ZIP CITY-ST-7IP NEW YORK NY Delete TITLE TITLE ☐ Change X Addition Anne M. MANCES NAME NAME STREET ADDRESS STREET ADDRESS 23 Wall Staget 13. I hereby certify that the information supplied with this filling 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 attachment with an address, without other like empowered. CITY-ST-ZIP