2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F9600002193



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1. Entity Name
DH ASSET, INC. SECRETARY OF STATE PALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 3950 RCA BLVD. -3950 REA BLVD. SUITE-5001 *SUITE-5001 PALM BEACH GARDENS, FL-33410 PALM BEACH GARDENS, FL-33410 --3960 RCA Blvd. Suite 6002 3960 RCA Bivd. Suite 6002 2. Principal Pace of all 1833410 Polm Beach Gardens, 33410 Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. T CHECK HERE IF MAKING CHANGES Applied For 4. FEI Number City & State City & State 75-2648046 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 CT CORPORATION SYSTEM 1200 S PINE ISLAND RD Street Address (P.O. Box Number is Not Acceptable) **SUITE 105** PLANTATION, FL 33324 Zip Code 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agents ignature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE TITLE ☐ Change ☐ Addition CR2E034 (10/02 ☐ Delete NAMÉ WERTHEIM, RAM NAME 113 KING ST. 600021132506 STREET ADDRESS STREET ADDRESS 06/25/03--01030--022 **550.00 ARMONK, NY 10504 OffY-S3-7(P) CITY-ST-742 Addition TITLE ☐ Change TITLE ☐ Defete NAME BUDNICK, NEIL G NAME STREET ADDRESS 113 KING STREET STREET ADDRESS CITY-ST-ZP ARMONK, NY 10504 CITY-ST-2IP TITLE ☐ Change ■ Addition TITLE Delete WENTWORTH, BRUCE R NAME NAME STREET ADDRESS 2 CORPORATE DR. 3RD FLOOR STREET ADDRESS CITY-ST-ZP SHELTON, CT 06848 CITY-ST-ZIP Delete ☐ Change Addition A TITLE TITLE **CULLEN, PAULINE** NAME NAME STREET ADDRESS 113 KING ST STREET ADDRESS CITY-ST-ZP ARMONK, NY 10504 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition GUNDERSEN, GEORGE NAME NAME 3950 RCA BLVD., STE 5001 STREET ADDRESS STREET ADDRESS WEST PALM BEACH, FL 33410 CITY-ST-ZP Cffy-st-2iP TITLE ☐ Delete TITLE Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CRY-ST-ZIP CITY-ST-ZP

12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3Xi), 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

Bape R. Wentworth, President SIGNATURE AND TYPED OR PRINTED MAME OF SIGNING OFFICER OR DIRECTOR

Caytime Phone #