2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Mar 19, 2001 8:00 am Secretary of State DOCUMENT # F9600002708 WETENHALL REALTY CORPORATION 03-19-2001 90059 013 ***150.00 Principal Place of Business Mailing Address % THE COLONY HOTEL C/O PERETZ, MITGANG & CO. LLP 155 HAMMON AVENUE 303 S BROADWAY STE 105 UVUADJJJ PALM BEACH FL 33480 TARRYTOWN NY 10591-5410 2. Principal Place of Business Mailing Address PERETZ RESNIER & CO. LLP Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE SAME City & State City & State 4. FEI Number Applied For 13-3935902 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 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** City 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CR2E034 (10/00) TITLE ☐ Defete TITLE Change Addition WETENHALL, ROBERT C NAME NAME STREET ADDRESS % THE COLONY HOTEL, 155 HAMMON AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM BEACH FL 33480 ☐ Delete TITLE Addition TITLE Change EDELMAN, MARTIN L NAME NAME % BATTLE FOWLER LLP, 75 EAST 55TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NEW YORK NY 10022 CITY-ST-ZIP Delete Change ☐ Addition PERETZ, DAVID M NAME NAME STREET ADDRESS 303 S BROADWAY STE 105 STREET ADDRESS CITY-ST-ZIP **TARRYTOWN NY 10591-5410** CITY-ST-ZIP Change TITLE ☐ Delete TITLE ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

OF SIGNING OFFICER OR DIRECTOR

FILED