2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F9600003274 May 04, 2000 8:00 am Secretary of State NEW GALAHAD SOUTH CORP. 05-04-2000 90147 036 ***150.00 Principal Place of Business Mailing Address % GOLDMAN, SACHS & CO. 600 E. LAS COLINAS BLVD., SUITE 1900 IRVING TX 75039-5626 100 CRESCENT COURT. SUITE 1000 DALLAS TX 75201 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 75-2657422 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name THE PRENTICE-HALL CORPORATION SYSTEM, INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301 Zip Code FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 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, 2000 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 OFFICERS AND DIRECTORS 11. 12. ☐ Addition TITLE TITLE ☐ Delete NAME NAME GUNN, G D STREET ADDRESS STREET ADDRESS % GOLDMAN, SACHS/ 100 CRESCENT CT #1000 CITY-ST-ZIP CITY-ST-ZIP DALLAS TX 75201 ☐ Change ☐ Addition TITLE TITLE NAME NAME FRAPART, RICHARD STREET ADDRESS % GOLDMAN, SACHS/ 100 CRESCENT CT #1000 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP DALLAS TX 75201 ☐ Change ☐ Addition ☐ Delete TITLE NAME AINSWORTH, BRIAN NAME % GOLDMAN, SACHS/ 100 CRESCENT CT #1000 STREET ADDRESS STREET ADDRESS CITY-ST-7iP CITY-ST-ZIP DALLAS TX 75201 ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

VICE PRESIDENT

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR