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Sep 19 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000004389

1. Corporation Name: MS Atlantic Partners, Inc.

Principal Place of Business / Mailing Address

3. Date Incorporated or Qualified: 8/27/96
3a. Date of Last Report:

2. Principal Place of Business
21 1585 Broadway
22 Suite, Apt. #, etc. 37th Fl.
23 City & State New York, NY
24 Zip 10036
25 Country U.S.A.

2a. Mailing Address
26 Same
27 Suite, Apt. #, etc.
28 City & State
29 Zip
30 Country

4. FEI Number 13-3870720 — 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
CT Corporation System
1200 S. Pine Island Rd.
Plantation, FL 33324

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 100000229884 1 -09/22/97--01007--012
84 City ***3300.00 FL 85 Zip Code

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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
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TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	V/D	☐ Change ☐ Addition
1.2 NAME	Owen D. Thomas	
1.3 STREET ADDRESS	1585 Broadway	
1.4 CITY-ST-ZIP	New York, NY 10036	
2.1 TITLE	C/D	☐ Change ☐ Addition
2.2 NAME	James M. Allwin	
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP	same as above	
3.1 TITLE	V/D	☐ Change ☐ Addition
3.2 NAME	Christian B. Malone	
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP	same as above	
4.1 TITLE	V	☐ Change ☐ Addition
4.2 NAME	C. William Hoster	
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP	same as above	
5.1 TITLE	P	☐ Change ☐ Addition
5.2 NAME	William M. Lewis, Jr.	
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP	same as above	
6.1 TITLE	V	☐ Change ☐ Addition
6.2 NAME	Michael E. Foster	
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP	same as above	

TS 9/19/97

CR2E034 (9/96)

14. I do 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: C William Hoster C. William Hoster, VP 9/16/97 2127618173
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #