2001 UNIFORM BUSINESS REPORT (UBR)

May 02, 2001 8:00 am DOCUMENT # F9600005135 **Secretary of State** WATERFORD REALTY HOLDING COMPANY, INC. 05-02-2001 90041 017 ***150.00 Principal Place of Business Mailing Address 23 WALL ST 23 WALL ST NY NY 10015 NY NY 10015 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 13-3901465 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. DATE (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 OFFICERS AND DIRECTORS 11. CR2E034 (10/00) TITLE ☐ Change ☐ Delete TITLE GIFFORD, BENJAMIN NAME NAME STREET ADDRESS STREET ADDRESS 23 WALL ST CITY-ST-ZIP CITY-ST-ZIP NY NY 10015 TITLE Change Addition ☐ Delete TITLE NAME ASTARITA, MICHAEL NAME STREET ADDRESS STREET ADDRESS 23 WALL ST CITY-ST-ZIP CITY-ST-ZIP NY NY 10015 VASD V ASD TITLE GARDINER, DOUGLAS NAME STREET ADDRESS STREET ADDRESS 23 WALL ST CITY-ST-ZIP CITY-ST-ZIP NY NY 10015 ¥ 1064-0123 VASD TITLE ☐ Delete TITLE OCHA, GEORGE NAME NAME STREET ADDRESS 23 WALL ST STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP NY NY 10015 VASD ☐ Change TITLE ☐ Delete TITLE Addition PFEIFFER, ANNE S NAME NAME 23 WALL ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NY NY 10015 VAS Addition TITLE Delete TITI F SAT Change DORT, ALFRED NAME NAME MANCUSO ANNE 23 Wall Street STREET ADDRESS 23 WALL ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NY NY 10015 NX 10260-0023

FILED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Davigne Phone #

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 an attachment with an address, with all other like empowered.

SIGNATURE