2000 UNIFORM BUSINESS REPORT (UBR)

an address, with all other like empowered.

May 15, 2000 8:00 am Secretary of State DOCUMENT # F96000006556 1. Entity Name GLASJAR CAPITAL, INC. 05-15-2000 91400 044 ***150.00 Mailing Address Principal Place of Business 225 LIBERTY STREET 225 LIBERTY STREET SOUTH TOWER, 14TH FLOOR SOUTH TOWER, 14TH FLOOR AUU584U7 **NEW YORK CITY NY 10080-6114** NEW YORK CITY NY 10080 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 13-3905320 Not Applicable \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent NATIONAL CORPORATE RESEARCH, LTD., INC. Street Address (P.O. Box Number is Not Acceptable) 1406 HAYS ST., #2 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 (NOTE. Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable 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 12. 11. Change ☐ Addition TITLE ☐ Delete TITLE TOMASELLI, JEAN M NAME NAME STREET ADDRESS STREET ADDRESS 250 VESEY ST, NT10FL CITY-ST-ZIP CITY-ST-ZIP NEW YORK NY_10281-1310 ☐ Addition Change ☐ Delete TITLE TITLE **VPST** NAME NAME BROWN, JAMES A STREET ADDRESS STREET ADDRÉSS 250 VESEY-ST--NT10FL------------CITY-ST-ZIP CITY-ST-ZIP NEW YORK NY 10281-1310 ☐ Delete Change Addition TITLE VAST NAME NAME VALENTI, JOSEPH S STREET ADDRESS STREET ADDRESS 225 LIBERTY ST. ST14FL CITY-ST-ZIP CITY-ST-ZIP NEW YORK NY 10080-6114 Delete TITLE ☐ Change ☐ Addition TITLE VAST NAME NAME TOONE, KIRA J STREET ADDRESS STREET ADDRESS 225 LIBERTY ST, ST14FL CITY-ST-ZIP CITY-ST-ZIP NEW YORK NY 10080-6114 ☐ Delete VPT ☐ Change Addition TITLE TITLE NAME CARLOS VALLE NAME STREET ADDRESS STREET ADDRESS 250 VESEY ST. CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the informacin 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

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