2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **F97000002809** Apr 13, 2000 8:00 am Secretary of State 1. Entity Name MG METAL & COMMODITY CORP. 04-13-2000 90092 007 ***150.00 Mailing Address Principal Place of Business 520 MADISON AVENUE 520 MADISON AVENUE 28TH FLOOR 28TH FLOOR NEW YORK NY 10022 NEW YORK NY 10022-4213 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEL Number City & State 13-3910153 Not Applicable 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 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 DATE Signature, typed or printed name of registered agent and title if applicable. (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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) П ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. COB TITLE Change | ☐ Addition ☐ Delete TITLE MCKEEVER, THOMAS A NAME NAME STREET ADDRESS STREET ADDRESS **520 MADISON AVENUE** CITY-ST-ZIP CITY-ST-7IP **NEW YORK NY 10022 ⊠** Addition X Delete TITLE PRESIDENT Change PHILLS BACOH FARMER, MICHAEL NAME SID HADGON 520 MADISON AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 100 12 NEW YORK CITY-ST-ZIP **NEW YORK NY 10022** Tirchange -- Addition Defete TITLE ROBERTSON, JOSEPH NAME NAME STREET ADDRESS STREET ADDRESS 520 MADISON AVENUE CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY 10022** Change ☐ Addition X Delete EVP TITLE TITLE BACON, PHILIP NAME NAME STREET ADDRESS STREET ADDRESS **520 MADISON AVENUE** CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY 10022** ☐ Delete TITLE Change ☐ Addition COLARUSSO, LOUIS NAME NAME STREET ADDRESS STREET ADDRESS **520 MADISON AVENUE** CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY 10022** Addition **⊠** Delete V 9 Change TITLE BARRY FELDMAN TITLE NAME KALTER, JOSHUA NAME San HADISON AUBHUE STREET ADDRESS STREET ADDRESS 520 MADISON AVENUE HEW YORK NY CITY-ST-71P CITY-ST-7IP 10022 **NEW YORK NY 10022**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CoLARUSSO