2007 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

DOCUMENT # F97000005571 FILED N.P. INVESTMENT XXIV CO. 07 MAY -9 PM 3: 19 SECRETARY OF STATE Principal Place of Business Mailing Address TALLAHASSEE, FLORIDA 745 7TH AVE 70 HUDSON STREET NEW YORK, NY 10019 JERSEY CITY, NJ 07302 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04172007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 75-2730193 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent THE PRENTICE HALL CORP SYSTEM, INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 City Zip Code 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Addition 800102022 NAME CHO, YON K 05/22/07--01035--011 STREET ADDRESS 745 7TH AVE STREET ADDRESS CITY-ST-ZIP NEW YORK, NY 10019 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition O'BRIEN, BARRY J NAME NAME STREET ADDRESS 70 HUDSON ST STREET ADDRESS CITY-ST-ZIP JERSEY CITY, NJ 07302 CITY-ST-7IP Delete TITLE TITLE ☐ Change Addition MARRE, JENNIFER NAME STREET ADDRESS 745 7TH AVE STREET ADDRESS NEW YORK, NY 10019 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition FLANNERY, JOSEPH J NAME NAME STREET ADDRESS 745 7TH AVE STREET ADDRESS NEW YORK, NY 10019 CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME BOPP FLYNN, KATHRYN, NAME STREET ADDRESS 745 7TH AVE STREET ADDRESS NEW YORK, NY 10019 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

Barry J. O'Brien

INTED NAME OF SIGNING OFFICER OR DIRECTO

04 17 07 (201) 499-6899

Daylime Phone #