## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # F9700005767 Aug 31, 2000 8:00 am Secretary of State HGG ACQUISITION MACK REALTY COMPANY 08-31-2000 90001 014 \*\*\*550.00 Principal Place of Business Mailing Address 12 W. MARKET ST 12 WEST MARKET ST YORK PA 17405 M-15036 YORK PA 17401-1228 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. OO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State Applied For City & State 4. FEI Number 23-2959299 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name UNITED CORPORATE SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 9200 SOUTH DADELAND BLVD. SUITE 508 MIAMI FL 33156 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 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- 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. Addition **CCEO** ☐ Delete TITLE TITLE RIKLIS, MESHULAM NAME NAME STREET ADDRESS STREET ADDRESS 9560 WILSHIRE BLVD. CITY-ST-ZIP CITY-ST-7IP **BEVERLY HILLS CA 90212** ☐ Addition ☐ Change ☐ Delete TITI F TITLE NAME WATKINS, TED NAME STREET ADDRESS STREET ADDRESS 12 WEST MARKET ST CITY-ST-ZIP CITY-ST-ZIP YORK PA 17405 ☐ Delete TITLE ☐ Change ☐ Addition NAME WEINER, PAUL NAME STREET ADDRESS 12 WEST MARKET ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP YORK PA 17405 ☐ Change ☐ Delete TITLE Addition TITI F NAME MICHAELSON, ARTHUR M NAME STREET ADDRESS STREET ADDRESS 530 FIFTH AVE CITY-ST-ZIP CSTY-ST-ZIP'-**NEW YORK NY 10036** ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 of true 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/10/00

717-699-4135

Daytime Phone #