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Secretary of State

04-07-2003 90137 025 ***150.00

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FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000000058

1. Entity Name
Archer Management Services, Inc.

DO NOT WRITE IN THIS SPACE

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
855 AVENUE OF THE AMERICAS	855 AVENUE OF THE AMERICAS
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: NEW YORK	City & State: NEW YORK
Zip: 10001-4198 Country: USA	Zip: 10001-4198 Country: USA

4. FEI Number: 13-3978583 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: CT CORPORATION SYSTEM

Street Address (P.O. Box Number is Not Acceptable): 1200 SOUTH PINE ISLAND ROAD

City: PLANTATION FL Zip Code: 33324

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 _____ DATE

Signature, typed or printed of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

January 1 - May 1 Fee is $150.00
After May 1 Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE CFO NAME STEPHEN D. MACKAY STREET ADDRESS 280 REDMOND AVENUE CITY-ST-ZIP S. ORANGE, NJ 07079	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE PRESIDENT & CEO NAME MITCHELL WEINER STREET ADDRESS 26 FORTUNE LANE CITY-ST-ZIP JERICHO, NY 17753	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE COO NAME WALTER BARANSKY STREET ADDRESS 6103 LIEBIG AVENUE CITY-ST-ZIP RIVERDALE, NY 10471	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE DIRECTOR NAME RON DALY STREET ADDRESS 5450 N.UMBERLAND AVENUE CITY-ST-ZIP CHICAGO, IL 60656	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE DIRECTOR NAME DENNIS RIORDAN STREET ADDRESS 5450 N. CUMBERLAND AVENUE CITY-ST-ZIP CHICAGO, IL 60656	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE DIRECTOR (RETIRED) NAME GIOVANNI PELIZARRI STREET ADDRESS 5450 N. CUMBERLAND AVENUE CITY-ST-ZIP CHICAGO, IL 60656	TITLE NAME STREET ADDRESS CITY-ST-ZIP

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CR2E034B (12/02)

12. I hereby certify that the information 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ STEPHEN D. MACKAY 03/26/03 212-502-2100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #