NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # EQUIDADO 24/15

FILED May 01, 2003 8:00 am Secretary of State

05-01-2003 91010 003 ****70.00

1	ational Conferer ustice, Inc.	- ,	nity	7	0054101		
	DO NOT WRITI	E IN THIS SE	ACE	## 1 p			
2. Principal Place of Business 475 Park Avenue South		3. Mailing Address 475 Park Avenue South					
Suite, Apt. #, etc.		Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
19th Floor		19th Floor		SO NOT WITE IN WILD GENOE			
City & State		City & State		4. FEI Number Applied For			
New York, NY 10016 Zip Country		New York, NY	2 10016 Country	13-18099		Not Applicable	
210	Country	Į ŽIP	Country	5. Certificate of St	atus Desired XX	\$8.75 Additional Fee Required	
100000000000000000000000000000000000000				7. Name and Addre	ss of Current Register	ed Agent	
	- FARIA-II	/AITE	Nation	al Registe	red Agents	Inc.	
Street Address (P.O. Bo					O. Box Number is Not Acceptable) ark Avenue		
	INTHISS	PACE	<u> </u>	Tary WAGII	uc		
			City			Zip Code	
			<u> Tallah</u>		F	- 132301	
	a named entity submits this statement tions of registered agent.	for the purpose of changing its r	registered office of regis	stered agent, or both, in	the state of Florida. I am	tamiliar with, and accept	
SIGNATURE							
	Signature, typed or printed name of registered age	nt and title if applicable. (NQTE:	Registered Agent signature requ	ured when reinstating)	DATE		
FEE IS: \$61:25 Initial or Amended UBR 9. Election Camp Trust Fund Cor					Substitute Control of the Control of		
				\$5.00 May Be Added to Fees		ck Payable to intment of State	
10.	Initial or Amended UBR OFFICERS AND D	Trust Fund Co	ontribution.				
TITLE C	Initial or Amended UBR OFFICERS AND D President/CEO	Trust Fund Co	ontribution.				
	Initial or Amended UBR OFFICERS AND D President/CEO Cloud, Sanford	Trust Fund Co	Ontribution.				
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NAME STREET ADORESS CITY-ST-ZIP TITLE	President/CEO Cloud, Sanford 475 Park Ave. S New York, NY 10 Financial VP/Co Aberasturi, Glo	Trust Fund Co	Ontribution.				
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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 617, Florida Statutes; and that my name appears in Block 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: Gloria Aberasturi Y VVW VC

04/25/03 <u>(212)545-130</u>0