2003 NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Mailing Address % TGM ASSOCIATES L.P.

650 FIFTH AVE.

DOCUMENT # F98000002998

1. Entity Name

TGM HUNTERS WAY INC.

Principal Place of Business

% TGM ASSOCIATES L.P. 650 FIFTH AVE.



FILED Apr 21, 2003 8:00 am Secretary of State

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NEW YORK NY 10019 NEW YORK NY 10019 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State Applied For FEI Number 13-3991376 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTF: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to \$5.00 May Be FILE NOW: FEE IS \$61.25 П Trust Fund Contribution. Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. PSD ☐ Delete TITLE ☐ Addition TITLE ☐ Change GOCHBERG, THOMAS NAME NAME % TGM ASSOCIATES L.P., 650 FIFTH AVE.,28FL STREET ADDRESS STREET ADDRESS **NEW YORK NY 10019** CITY-ST-ZIP CITY-ST-7IP **EVP** ☐ Delete TITLE ☐ Change ☐ Addition TITLE MACY, STEVEN C NAME NAME % TGM ASSOCIATES L.P., 650 FIFTH AVE.,28FL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **NEW YORK NY 10019** CITY-ST-ZIP Co T. F. There is a rest Change - - 🔲 Addition -TITLE Frazzetta, Michael 650 Fifth Ave-28th Fl MEICHELBECK, PAUL V NAME NAME % TGM ASSOCIATES L.P., 650 FIFTH AVE., 28FL STREET ADDRESS STREET ADDRESS New York NY CITY-ST-ZIP **NEW YORK NY 10019** CITY-ST-ZIP ☐ Delete TITLE Addition PIEKARSKI, ANDREW NAME NAME STREET ADDRESS 650 FIFTH AVE., 28TH FL STREET ADDRESS CITY-ST-7iP **NEW YORK NY 10019** CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete HEIN, DIANA NAME NAME 650 FIFTH AVE., 28TH FL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **NEW YORK NY 10019** CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE Brian Rutter 650 Fifth Avenue - 28th FI NAME NAME STREET ADDRESS STREET ADDRESS New York NY 10019. CITY-ST-ZIP CITY-ST-ZIP

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 Block 11 if changed, or on an attachment with an address, with all other like empowered,

4/10/03 (212/830-9306