## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

STF FL32381F.1

DOCUMENT # F98000003170  1. Entity Name						FILED.		
						SECRETARY 0	. 4137	F
		DO NOT WRITE	IN THIS SPAC	E		TALLAHASSEE	FLORII	ĎΑ
							رسن رسن سبب	
						40003627 05/13/04010750		의(EN 10)
2. Principal F	Place of B	usine <b>ss</b>	3. Mailing Address	in personal Color	ir i da a a a a a a a a a a a a a a a a a		IUD करक	0490.00
745 Seventh Ave         70 Hudson Stree           Suite, Apt. #, etc.         Suite, Apt. #, etc.					_			
Suite, Apr. #, etc.			Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE		
City & State			City & State			4. FEI Number Applied For		
New York, N		T 6	Jersey City, NJ			22-3635561		Not Applicable
Zip 10019	)	Country	Zip	Countr	у	5. Certificate of Status Desired		Additional
10019	DO N	OT WRITE IN T	07302   HIS SPACE		·· 7	. Name and Address of Current Registe	Fee Req	uired
					Name			
					THE PRENT Street Address	PICE-HALL CORP SYSTEM (P.O. Box Number is Not Acceptable)	INC.	
						(Total Daniel Total Company)		
					1201 Hays	s Street		
					City		Zip Co	
8. The above	e named e	ntity submits this statemer	nt for the purpose of chan	nina ite re	Tallahas:	Se Figure 8 segistered agent, or both, in the State of Fig		
and accep	ot the oblig	ations of registered agent.	•			egistered agent, or both, in the State of Fit	mua. tani is	iiiiiiai witii,
250	$\delta_{\mu^{\bullet}} = \delta_{0}^{\bullet}$		***	s		• • . • . •	• •	,
SIGNATURE	Signature	tered or printed come of region	the section of the section of the section		NOTE: Barrier			r setnes s
Jan	nuary 1 =	May 1 Fee Is \$150.00	Menag agent and rine it applic	eide (	NOTE: Registered A(	gent signature required when reinstating)	; DATE	
	After May	/ 1, Fee is \$550.00		* *	₹ . 4; /5;	9. Election Campaign Financing	·	5.00 May Be
Make Check		ed UBR is \$61.25 to Florida Department of	State			Trust Fund Contribution.	<b>^</b> إلى,	dded to Fees
*10. * /		OFFICERS AND I	DIRECTORS	4:33				ล
TITLE	P			mi	to, compare service of the con-			(12/02)
NAME STREET ADDRESS		K. CHO		NAM	E EET ADDRESS		i in	9
CITY-ST-ZIP New York, NY 10019			a	2 332	-ST-ZIP			89
TITLE	V	10111 11 10011	<del></del>	int	<b>B</b> 1, 3, 4, 1, 2, 4, 1, 5			CR2E034B
NAME		STOPHER S. MCF	KENNA	NAM	É		and the sec	The state of the s
STREET ADDRESS CITY - ST - ZIP	, 13 , 11, 21, 15			2. 61	EET ADORESS - ST - ZIP			100 pp to 1 control to 1 contro
TITLE	NEW TORK, NI 10013						i i i i i i i i i i i i i i i i i i i	
NAME	BRIA	N BARRY		NAM	E I I I I I I I I I I I I I I I I I I I			
STREET ADDRESS		7th Ave.		STR	EET ADDRESS			
CITY - ST - ZIP		York, NY 10019	9	ст	'-ST-ZIP	DO NOT WRITE IN TH	IS SPA	CE
TITLE NAME	D	V CUO		.TITL NAM	The Managaran Commence			
STREET ADDRESS	YON K CHO.				EET ADDRESS ,			Alia (cola) i spilo Maria Post vost X
CITY - ST - ZIP	NEW YORK, NY 10019				(≟ST-Z#P			
TITLE	D .			τίπ	E		ere ere	
NAME	1 .	PH J. FLANNERY	Y	NAM	The Section Control of the Section o			
STREET ADDRESS CITY - ST - ZIP	1,20	7 TH AVE. YORK ,NY 10019	a	10 M	EET ADDRESS			
TITLE	K/ S		<i>y</i>		E (2)			
NAME	Bae	BY J.O'BRIEN		NAN	E			
STREET ADDRESS 70 HUCKON S					EET ADDRESS			等減少減
CITY - ST - ZIP					Y-ST. ZIP		74 T. 144	
12. I hereby co	ertify that	the information supplied w	vith this filing does not qu	alify for the	e exemption stated	l in Section 119.07(3)(i). Florida৷Statutesal are shall have the same legal effect asরিল	furthericert	ify that the Liver
an officer	or directo	r of the corporation or the	receiver or trustee empor	wered to e:	xecute this report a	as required by Chapter 607, FloridarStatub	espand that	mynameರ ಜನ್ ಇಚಕ
appears in	n Block 10	or on an attachment with	an address, with all other	r like emp	owered.	- अनुस्तानं	ese i mal	t other block or a

BARRY J. O'BRIEN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TR

201-499-6664

Daytime Phone #