2002 UNIFORM BUSINESS REPORT (UBR)

Mar 20, 2002 8:00 am DOCUMENT # F98000003276 **Secretary of State** 1. Entity Name TGM GULFSTREAM INC. 03-20-2002 90021 009 ****61.25 Mailing Address Principal Place of Business % TGM ASSOCIATES L.P. % TGM ASSOCIATES L.P. 650 FIFTH AVENUE 650 FIFTH AVENUE NEW YORK NY 10019 NEW YORK NY 10019 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 13-4001477 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7.-Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525 Zip Code City 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** DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing \$5.00 May Be **FILE NOW: FEE IS \$61.25** Trust Fund Contribution. Department of State Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. PSD ☐ Addition ☐ Delete TITLE TITLE GOCHBERG, THOMAS NAME STREET ADDRESS 650 FIFTH AVENUE 28TH FLOOR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY 10019** Change ☐ Addition EVP' ☐ Delete TITLE. MACY, STEVEN C NAME NAME 650 FIFTH AVENUE 28TH FLOOR STREET ADDRESS STREET ADDRESS NEW YORK NY 10019 CITY-ST-ZIP CITY-ST-ZIP Addition Delete TITLE TITLE MEICHELBECK, PAUL V NAME NAME 650 FIFTH AVENUE 28TH FLOOR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NEW YORK NY 10019 CITY-ST-ZIP Change **№** Addition TITLE Delete TITLE Andrew Piekarski θĿ NAME NAME 650 F, Fth Ave - 28th F1 STREET ADDRESS STREET ADDRESS New York NY 10019 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE TITLE Diana Hein 650 Fifth Ave - 28 +4 FI NAME NAME STREET ADDRESS STREET ADDRESS New York NY CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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. 3/4/02 (212)830-9300 SIGNATURE:

CITY-ST-ZIP

CITY-ST-ZIP

FILED