May 17, 2001 8:00 am

Secretary of State

05-17-2001 90114 001 ***750.00

PAMI-FL-LEMB V INC.

Principal Place of Business 3 WORLD FINANCIAL CENTER NEW YORK NY 10285

Mailing Address

101 HUDSON STREET 39TH FLOOR

JERSEY CITY NJ 07302

2. Principal Place of Business 3. Mailing Address

DOCUMENT # F98000004689

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

> Country Zip

6. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301

City

Country

Street Address (P.O. Box Number is Not Acceptable)

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.

Zip

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. 9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00

Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Delete TITLE TITLE CHO, YON K NAME NAME STREET ADDRESS 3 WORLD FINANCIAL CENTER STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **NEW YORK NY 10285** TITLE ☐ Delete TITLE O'BRIEN, BARRY J NAME NAME STREET ADDRESS STREET ADDRESS 101 HUDSON STREET CITY-ST-ZIP CITY-ST-ZIP JERSEY CITY NJ 07302 TITLE ☐ Delete TITLE MARRE, JENNIFER NAME NAME STREET ADDRESS 3 WORLD FINANCIAL CENTER STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP NEW YORK NY 10285 Change TITLE Addition □ Delete TITLE KATHIN M. BUPP-Flynn. BOPP FLYNN, KATHRYN M NAME NAME 3 World Financial anter STREET ADDRESS 101 HUDSON STREET STREET ADDRESS New York, N. J. 10285 CITY-ST-ZIP CITY-ST-7IP JERSEY CITY NJ 07302 TITLE ☐ Change Detete Addition TITLE MAYLOR, EDWARD J NAME NAME STREET ADDRESS 3 WORLD FINANCIAL CENTER STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY 10285** TITLE ☐ Delete Addition TITLE Treasurer Change Daniel O. Minerva. 3 World Francial Center. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP New York, N.J. 10285.

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

(201) 524- 5822.