2001 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 12, 2001 8:00 am Secretary of State DOCUMENT # F98000006670 MACQUARIE HOLDINGS (U.S.A.) INC. 03-12-2001 90485 022 ***150.00 Principal Place of Business Mailing Address 600 FIFTH AVENUE, 21ST FLOOR 600 FIFTH AVENUE, 21ST FLOOR NEW YORK NY 10020 NEW YORK NY 10020 C0033179 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Applied For City & State 4. FEI Number 13-3789912 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 C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible, =10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Change ☐ Addition ☐ Delete TITLE TITLE WOODBURY, DUANE NAME NAME STREET ADDRESS 600 FIFTH AVENUE, 21ST FLOOR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NEW YORK NY 10020 ☐ Addition TITLE TITLE Change NAME FRASER, BRIDGET NAME STREET ADDRESS STREET ADDRESS 600 FIFTH AVENUE, 21ST FLOOR CITY-ST-ZIP CITY-ST-ZIP NEW YORK NY 10020 ☐ Addition ☐ Delete TITLE Change TITLE NAME MOORE, NICHOLAS NAME STREET ADDRESS STREET ADDRESS 600 FIFTH AVENUE, 21ST FLOOR CITY-ST-ZIP CITY-ST-ZIP NEW YORK NY 10020 Change ☐ Addition TIT! F ☐ Delete TITLE NAME NAME ADAMS, WENDY STREET ADDRESS STREET ADDRESS 600 FIFTH AVENUE, 21ST FLOOR CITY:ST:ZIP CITY-ST-ZIP -NEW YORK NY 10020 ☐ Change Addition TITLE Defete TITLE PD NAME NAME YATES, OLIVER STREET ADDRESS STREET ADDRESS 600 FIFTH AVENUE, 21ST FLOOR CITY-ST-ZIP CITY-ST-ZIP NEW YORK NY 10020 ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET, ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR