2000 UNIFORM BUSINESS REPORT (UBR)

3/15/00-90091-004-$150.00-$150.00

APPROVED AND FILED

00 MAY 16 PM 3:52

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F99000002405

1. Entity Name

~~ANI~~ HIGHLAND OAKS, INC.
↑ VANDAS

Principal Place of Business	Mailing Address
90 PARK AVENUE, SUITE 3100 NEW YORK NY 10016	90 PARK AVENUE, SUITE 3100 NEW YORK NY 10016-1301

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 13-4045891 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
UNITED CORPORATE SERVICES, INC. 9200 SOUTH DADELAND BLVD., SUITE 508 MIAMI FL 33156	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** 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.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) X

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PCD BEALE, DAVID 90 PARK AVENUE, SUITE 3100 NEW YORK NY 10016	X Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD RUPERT, DAVID 90 PARK AVENUE NEW YORK, N.Y. 10016	☐ Change X Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST LANGER, ALAN 90 PARK AVENUE, SUITE 3100 NEW YORK NY 10016	X Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP KLEIN, GARY 90 PARK AVENUE NEW YORK, NY. 10016	☐ Change X Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS COOPERMAN, STEVEN M 90 PARK AVENUE, SUITE 3100 NEW YORK NY 10016	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AT SAMITT, PETER 90 PARK AVENUE, SUITE 3100 NEW YORK NY 10016	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E044 (10/99)

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: _____ 3/3/00 212-907-6400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #