2001 UNIFORM BUSINESS REPORT (UBR) FILED May 02, 2001 8:00 am Secretary of State FC Capital Corp. 05-02-2001 90175 019 \*\*\*150.00 Principal Place of Business Mailing Address 400 Columbus Ave 400 Columbus Ave Valhallo, NY10595-1325 valhalla, Ny C0057401 10595 2. Principal Place of Business 6400 Imperial Dr. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 76714-821 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CT 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 This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be --- After MAY-1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so... 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 ☐ Change President | Director Delete James T. Sartain Aronoff, James F 400 Colum bus Ave NAME NAME 6400 Imperial Dr. -P.O. Box8216 STREET ADDRESS STREET ADDRESS 2158-411011 XT CITY-ST-7IP CITY-ST-ZIP maco' <u>Valhalla, NY 10595</u> Delete TITLE Parrish Mornissey, Christopher NAME NAME 6400 Imperial Drive-P.O. Box 8214 400 Columbus Ave STREET ADDRESS STREET ADDRESS Valhalla NY 10595 DICE-FILDL XL'ODDM CITY-ST-ZIP CITY-ST-7IP Secretary Change Amunio Margie Ray Orive-fo. Box Solv TITLE **X**Addition Delete D sartain, James T. NAME NAME Waca, TX 76712 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Waco, 72 76714-8216 Change . ☐ Addition TITLE ☐ Delete TITLE Hawkins, James R. 6400 Imperial Prive James R. Hawkins NAME NAME 10400 Imperial Drive-P.O. Box 8216 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LILDE XT WOOM CITY-ST-7IP 76714-6216 ☐ Change ☐ Addition TITLE vander Woude, Richard NAME NAME STREET ADDRESS 6400 Imperial Drive STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WOW TX 76712 TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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: (