2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000003971 Feb 16, 2000 8:00 am **Secretary of State** ROBB PECK MCCOOEY REAL ESTATE MANAGEMENT CORPORA 02-16-2000 90117 012 ***150.00 Principal Place of Business Mailing Address 20 BROAD STREET 20 BROAD STREET NEW YORK NY 10005 NEW YORK NY 10005-2601 3. Mailing Address 2. Principal Place of Business 20 Broad Street DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 6th Floor - Attn: T. Lehr Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 13-3771096 New York, New York Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired 10005-2601 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current 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. DATE (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 Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) .1 Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12 Addition COBD □ Delete TITLE TITLE ROBB, GEORGE E JR NAME NAME STREET ADDRESS STREET ADDRESS 20 BROAD STREET CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY 10005** Change Addition TITLE PD □ Defete TITLE NAME LOW, MITCHELL NAME STREET ADDRESS 20 BROAD STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY 10005** XI Change ☐ Addition ☐ Delete TITLE TITLE Mistretta, Nathan J. MISTRETTA, NATHAN J NAME NAME STREET ADDRESS 20 BROAD STREET STREET ADDRESS 20 Broad Street New York, NY CITY-ST-ZIP CITY-ST-ZIP 10005 NEW YORK NY 10005 ☐ Addition ☐ Channe ☐ Delete TITLE TITLE BODTMANN, CORNELIUS F NAME NAME STREET ADDRESS STREET ADDRESS 20 BROAD STREET CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY 10005** ☐ Change Addition ☐ Delete TITLE TITLE LOTESTO, GABRIEL J NAME STREET ADDRESS STREET ADDRESS 20 BROAD STREET CITY-ST-ZIP CITY-ST-ZIP NEW YORK NY 10005 ☐ Change Addition Delete TITLE TITLE Lehr, Thomas F. MURPHY, PATRICK E NAME NAME 20 Broad Street STREET ADDRESS STREET ADDRESS 20 BROAD STREET CITY-ST-ZIP New York, NY 10005

13. I hereby certify that the information supplied with this filling 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 withall other like empowered.

SIGNATURE:

NEW YORK NY 10005

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Thomas F. Lehr_

FILED

(212) 837-8687