2000 UNIFORM BUSINESS REPORT (UBR)

Mar 20, 2000 8:00 am Secretary of State DOCUMENT # F99000006310 03-20-2000 90138 049 ***150.00 BTCM PROPERTIES CORPORATION Mailing Address Principal Place of Business C/O BANKERS TRUST COMPANY C/O BANKERS TRUST COMPANY 130 LIBERTY STREET - M/S 2310 130 LIBERTY STREET - M/S 2310 NEW YORK NY 10006 NEW YORK NY 10006 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 52-2031961 Not Applicable Country \$8.75 Additional Zip ! Zip 5. Certificate of Status Desired 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 City 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 DATE (NOTE, Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible -10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. Change Addition ☐ Delete TITLE PCD TITLE EGAN, JAMES D NAME STREET ADDRESS 130 LIBERTY STREET - M/S 2252 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NEW YORK NY 10006 ☐ Addition Change TITLE ☐ Delete TITLE NAME SPOSITO, GREGORY D STREET ADDRESS STREET ADDRESS 130 LIBERTY STREET - M/S 2252 CITY-ST-ZIP CITY-ST-ZIP NEW YORK NY 10006 ☐ Addition Change TITLE ☐ Delete TITLE NAME WEST, SANRDA L NAME STREET ADDRESS STREET ADDRESS 130 LIBERTY STREET - M/S 2310 CITY-ST-ZIP CITY-ST-ZIP NEW YORK NY 10006 Change ☐ Addition TITLE Delete TITLE NAME HEIMLICH, PHILIP NAME STREET ADDRESS STREET ADDRESS 130 LIBERTY STREET - M/S 2257 CITY-ST-7IP CITY-ST-ZIF **NEW YORK NY 10006** ☐ Addition ☐ Change ☐ Delete TITLE TITLE JOHNSON, ALEXANDER B NAME NAME STREET ADDRESS 130 LIBERTY STREET - M/S 2252 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY 10006** (X) Change ☐ Addition TITLE ☐ Delete TITLE NAME MORRISON, BRUCE P. MARRISON, BRUCE P NAME STREET ADDRESS STREET ADDRESS 130 LIBERTY STREET - M/S 2252 CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY 10006**

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, with all other like empowered.

SIGNATURE:

SAUDRAL. WEST

FILED