2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # G13				
1. Entity Name	3749			
TOD-SIROD, INC.			FILED	
			** ·/	
Principal Place of Business	Mailing Address		03 FEB 11 PH 12: 53	
C/O GENE M. PRANZO 230 PARK AVE 26TH FLOOR	C/O GENE M. PRANZO		SEERETARY OF STATE TALLAHASSEE FLORY &	
NEW YORK NY 10169	230 PARK AVE 26TH F NEW YORK NY 10169	LLOOR	TALLAHASSEE, ET CERTIF	
US	US			
Principal Place of Business	3. Mailing Address		I TABATAT BEBU TABBE HITH TUBAT ELOTA TUBAT BYANT B	
Suite, Apt. #, etc.	Suite, Apt. #, etc.		CHECK HERE IF MAKING CHANGES	
City & State	City & State		4. FEI Number 13-3148132 Applied	d For
Zip Country	Zip	Country	Not Ap	plicab
6. Name and Address of Cur	rent Registered Agent		5. Certificate of Status Desired	nai
-		Name	7. Name and Address of New Registered Agent	
THE PRENTICE-HALL CORPORATION SYSTEM INC.		Street Add	acc (P.O. Box Nivebouts Not A	
1201 HAYS STREET		Sileet Addr	ess (P.O. Box Number is Not Acceptable)	
Suite 105 Tallahassee FL 32301				
TALLAHASSEE PL 32301		City	FL Zip Code	
The above named entity submits this stateme	nt for the nurnose of changing it	to registered affice		
the obligations of registered agent.	the the purpose of changing it	is registered office of reg	gistered agent, or both, in the State of Florida. I am familiar with, and a	accept
GNATURE		is registered office or reg	istered agent, or both, in the State of Florida. I am familiar with, and a	accept
GNATURE Signature, typed or printed name of registered a		TE: Registered Agent signature re		accept —
GNATURE Signature, typed or printed name of registered a	igent and title if applicable. (NO		quired when reinstating) DATE	<u> </u>
GNATURE Signature, typed or printed name of registered at FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.	gent and title if applicable. (NO			 ay Be
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MAME OF PINING OFFICER OR DIRECTOR DIVILLED 2/3/03

(212) 682-3700