-2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 30, 2001 8:00 am Secretary of State **DOCUMENT # J63466** T.H. RESORTS, INC. 04-30-2001 90103 050 ***150.00 Principal Place of Business Mailing Address 2424 ROUTE 52 2424 ROUTE 52 HOPEWELL JUNCTION NY 12533 HOPEWELL JUNCTION NY 12533 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1783240 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name PRENTICE-HALL CORPORATION SYSTEM, INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYES STREET SUITE 105 TALLAHASSEE FL 32301 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 file if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DC TITLE ☐ Delete TITLE Change ■ Addition TOLLMAN, STANLEY S. NAME NAME STREET ADDRESS 1886 ROUTE 52 STREET ADDRESS CITY-ST-ZIP **HOPEWELL JUNCTION NY 12533** CITY-ST-ZIP ☐ Delete TITLE Change Addition HUNDLEY, MONTY D. NAME STREET ADDRESS 1886 ROUTE 52 STREET ADDRESS CITY-ST-ZIP HOPEWELL JUNCTION NY 12533 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition KENDZIERA, CRAIG NAME STREET ADDRESS 1886 ROUTE 52 STREET ADDRESS CITY-ST-ZIP **HOPEWELL JUNCTION NY 12533** CITY-ST-ZIP TITLE Delete TITLE ☐ Chance Addition TOLLMAN, BRETT G NAME MAME 1886 ROUTE 52 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HOPEWELL JUCTION NY 12533 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME 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 offect 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, without like expowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED MAKE OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #