2004 FOR PROFIT CORPORATION ANNUAL REPORT

Secrétary of State DOCUMENT # K90148 07-13-2004 90003 044 ***150.00 1. Entity Name TOURNEAU, INC. Principal Place of Business Mailing Address **3 EAST 54TH STREET** 54062156 3 EAST 54TH STREET 3RD FLOOR 3RD FLOOR NEW YORK, NY 10022 NEW YORK, NY 10022 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07072004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 13-2845578 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent NATIONAL CORPORATE RESEARCH, LTD., INC. Street Address (P.O. Box Number is Not Acceptable) 103 N. MERIDIAN STREET TALLAHASSEE, FL 32301 City Zip Code 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NCTE: Registered Agent signature required when renstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the Due by September 8, 2004 Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. President / Director Change Delete TITLE TITE WexLER, Robert NAME LLEXLER, ROBERT NAME 3 EAST 54TH STREET STREET ADORESS STREET ADDRESS NEW YORK, NY 10022 CITY-ST-ZIP New YOR NY (OD Z Z Director, Secretary, Tresuser Change CITY-ST-ZIP TOLE ☐ Delete TIT: F ☐ Addition LLEXLER, DAVID Wexter, David sweet NAME NAME STREET ADDRESS STREET ADORESS 3 EAST 54TH STREET NEW YORK, NY 10022 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change Addition FRISHWASSER, DANIEL NAME NAME 3 EAST 54TH STREET STREET ADDRESS STREET ADORESS CITY-ST-ZIP NEW YORK, NY 10022 CITY-ST-ZIP Change ☐ Delete TITLE Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition ☐ Defete Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CTTY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-51-7/P CITY-ST-ZIP 12. 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 application of 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 reference in the corporation or the reference in the corporation or the proposed of the corporation or an attactly and with an address, with all other like empowered. SIGNATURE:

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Jul 13, 2004 8:00 am