FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 19, 2005 8:00 am
Secretary of State
04-19-2005 90400 009 ***150.00

DOCUMENT # K 97237

1. Entity Name TD HOLDING CORP

DO NOT WRITE IN THIS SPACE

50039092
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2. Principal Place of Business	3. Mailing Address
% PRENTICE-HALL CORP SYSTEM INC	% PRENTICE-HALL CORP SYSTEM INC
Suite, Apt. #, etc.: 110 NORTH MAGNOLIA DRIVE	Suite, Apt. #, etc.: 110 NORTH MAGNOLIA DRIVE
City & State: TALLAHASSEE, FL	City & State: TALLAHASSEE, FL
Zip: 32301 Country:	Zip: 32301 Country:

4. FEI Number 13-3570555 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: THE PRENTICE-HALL CORP SYSTEM INC

Street Address (P.O. Box Number is Not Acceptable): 1201 HAYES STREET

STE 105

City: TALLAHASSEE **FL** Zip Code: 32301

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. (NOTE: Registered Agent signature required when reinstating) DATE

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P	TITLE	
NAME	CATSIMATIDIS JOHN	NAME	
STREET ADDRESS	823 11th AVE	STREET ADDRESS	
CITY-ST-ZIP	NEW YORK NY	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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CITY-ST-ZIP		CITY-ST-ZIP	

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CR2E034B (12/02)

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 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: X ______________________ 4/12/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #