## FILED May 16, 2001 8:00 am Secretary of State 05-16-2001 90246 018 \*\*\*150.00

2001 UNIFORM BUSINESS REPORT (UBR)

	7 0	117			03-	10-2001.	70270 VI	.0 13
	MENT # 4 3	520						
<ol> <li>Entity Name</li> </ol>	SILVIUS	RYE, INC.						
		Mailing Address			C0067	583		
5/0 Daniel Dornier c/o King & Spalding 25 Field Point Dr. Attn: Wilfried Witthuhn								
		ttn: Willfried V 185 Ave. of the		a e				
reenwic	- ,	ew York, NY 100		a3				
2. Principal Pla	ace of Business	3. Mailing Address	<u> </u>					
Suite, Apt. #, etc. Suite, Apt. #, etc.					. DO NOT WRITE IN THIS SPACE			
City & State	· · · · · · · · · · · · · · · · · · ·	City & State			4. FEI Number   Applied For   133 652 519   Not Applied by			
Zip	Country	Zip	Country				No.   No.	1 Applicable
<u>ξ</u> ιρ	Country				5. Certificate of Status Desired		Fee Require	
<u> </u>	6. Name and Address of Current	Registered Agent	Name		7. Name and Address of New I	Registered A	gent	
Corporation Service Company				Street Address (P.O. Box Number is Not Acceptable)				
	ays Street		Sireer	- Aduless (F	O. Box Number is Not Acceptable	<del></del>	<del> </del>	
Tallana	assee, FL 32301				·		<del>,</del>	
			City			FL	Zip Code	B
8. The above	named entity submits this statement to	or the purpose of changing its	registered office of	or registere	ed agent, or both, in the State of F	orida.		
	•							
SIGNATURE _	Signature, typed or printed name of registered agent	and title if applicable. (NOTE	: Registered Agent signs	alure required v	when reinstating)	DATE		
		No see a	FEE IS \$150					
Tax filing re	oration is eligible to satisfy its Intangible equirement and elects to do so.	After MAY 1, 200	i fee will be t	550.00	10. Election Campaign Fi Trust Fund Contribution			O May Be I to Fees
	ia on back)	Make Check Payab	1.4 (5) (4)		ADDITIONS/CHANGES TO OF	FICERS AND	DIBECTOR	5 IN 11
TITLE	OFFICERS AND Director, Preside		12.	Т	ADDITIONS/CHANGES TO G	TIGETIG XIIVE	Change	Addition
NAME	Daniel Dornier	Greenwich	NAME				,	
STREET ADDRESS CITY-ST-ZIP	25 Field Point Dr		STREET ADDRESS CITY-ST-ZIP	•			•	
TITLE	Secretary	☐ Delete	TITLE	+			☐ Change	Addition
NAME	Wilfried Witthuhn							
STREET ADDRESS	1185 Avenue of th		STREET ADDRESS CITY-ST-ZIP	5 ]				
CITY-ST-ZIP	New York, NY 1003	6	TITLE		<del></del>		Change	Addition
TITLE NAME	i.	☐ Delete	NAME					
STREET ADDRESS			STREET ADDRESS	s				
CITY-ST-ZIP		·	CITY-ST-ZIP	<del> </del>	<u> </u>	<del></del> -	☐ Change	Addition
TITLE NAME		☐ Delete	TITLE NAME				☐ Change	
STREET ADDRESS			STREET ADDRESS	s				
CITY-ST-ZIP			CITY-ST-ZIP			<del></del>		
TITLE		Delete	TITLE NAME				Change	☐ Addition
NAME STREET ADDRESS			STREET ADDRESS	s				
CITY-ST-ZIP			CITY-ST-ZIP		·			
TITLE		☐ Delete	TITLE	ļ			Change	Addition
NAMI			NAME STREET ADDRESS	,				
STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP	<b>"</b>				
13. I hereby indicated	certify that the information supplied widen this report or supplemental report poration or the receiver or trustee em	is true and accurate and that r powered to execute this report	ny signature shall as required by C					
changed	or on an attachment with an address  URE: Wilfried Wi	, with all other like empowered	di		4/23/01			
SIGNAT	SIGNATURE AND TYPED OF	PRINTED NAME OF SIGNING OFFICER	OR DIRECTOR		Date	<del></del>	) 556-2 Daytime Phone #	