

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jun 19, 2002 8:00 am
Secretary of State

06-19-2002 90459 032 ***550.00

DOCUMENT #

1. Entity Name

SILVIUS RYE, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

c/o Daniel Dornier

Suite, Apt. #, etc.

25 Field Point Dr.

City & State

Greenwich, CT 06830

Zip

Country

3. Mailing Address

c/o King & Spalding

Suite, Apt. #, etc.

Attn: Wilfried Witthuhn

1185 Ave. of the Americas

City & State

New York, NY 10036

Zip

Country

DO NOT WRITE IN THIS SPACE

4. FEI Number

133 652 519

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Corporation Service Company

Street Address (P.O. Box Number is Not Acceptable)

1201 Hays Street

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

January 1 - May 1: Fee is \$150.00

After May 1, Fee is \$550.00

Amended UBR is \$61.25

Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**Director, President
Daniel Dornier
Greenwich,
25 Field Point Drive CT 06830**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**Secretary
Wilfried Witthuhn, King & Spalding
1185 Ave. of the Americas
New York, NY 10036**

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IN THIS SPACE**

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: Wilfried Witthuhn

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(212) 556-2230

Daytime Phone #

CR2E034B (12/01)