| 2000   | UNIFOR  | KM BOZII                                 | NESS REPO  | JKT   | (OBK)   |                      | ,                                       |                       |          |          |  |
|--|---|--|--|-------|---|----------------------|---|-----------------------|----------|----------|--|
| 1. Entity Nan  | -   | L94000                                   | 0000014  |       |   |                      | FILED                                   |                       |          |          |  |
| HAH HOLDING L.C.   |   |  |  |       |   |                      | 00 JAN 19 AM 11: 10                     |                       |          |          |  |
| Principal Place of Business P.O. BOX 3 HAWTHORNE NJ 07507  |   |  | Mailing Address P.O. BOX 3 HAWTHORNE NJ 07507-0003 |       |   |                      | SECRETARY OF STATE TALLAHASSEE, FLORIDA |                       |          |          |  |
| 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 N             | 4. FEI Number Applied For               |                       |          |          |  |
| Zip Country  |   | Zip Coun                                 |  | ntry  | 22-3406808 Not Applicate  5. Certificate of Status Desired Fee Required  \$5.00 Additional Fee Required |                      |   |                       |          |          |  |
| 6. Name and Address of Current F   |   |  | gistered Agent                                     |       | 7. Name   | and Address of New F |   |                       |          |          |  |
| KIMMEL, LEE A<br>100 EAST BLUE HERON BLVD.<br>RIVIERA BEACH FL 33404   |   |  |  |       | Street Addres  City   | s (P.O. Box N        | umber is Not Acceptable                 | FL                    | Zip Code |          |  |
| 8. The above   | named entity submit                                       |  | ne purpose of changing its                         |       | ed office or regis  |                      |   | orida.                |          |          |  |
|  | agissoo, quet o princeri                                  | igino o regisigno agant and              |  | OW!!! | FEE IS \$50.00  | 0                    | <i>a</i> )                              | ONE                   |          |          |  |
| 9.   | М   | ANAGING MEMBER                           | S/MEMBERS  | 10.   |   |                      | ADDITIONS                               | /CHANGES              |          |          |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | MGRM<br>HENRY, HARTFOI<br>61 HILLCREST AV<br>HAWTHORNE NJ | C) Delete                                | E<br>EET ADDRESS<br>- ST-ZIP                       |       | 900003<br>-02/01<br>*****   | _                    | <b>79</b> —<br>32—01                    | □ <b>Addition</b><br> |          |          |  |
| STREET ADDRESS<br>CITY- ST- ILP  |   | العربين المعارض والمعارض المحارض المحارض | ☐ Dejeth   |       | . 1   | u ē ∠                | . • e .                                 |                       | Change   | Addition |  |
| TITLE MAME STREET ADDRESS GITY-ST-ZIP  |   |  | ☐ Delata   |       | · ·   |                      | $\sim$                                  |                       | Change   | Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   |   |  | ☐ Deleta   | 1     |   |                      |   |                       | Change   | Addition |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY- ST-ZIP  | :   |  | ☐ Deligite   |       |   |                      |   |                       | Change ( | Addition |  |
| TITLE MAME STREET ADDRESS CITY-ST-ZIP  |   |  | □ Dolete   |       | i i   | -                    |   |                       | Change [ | Addition |  |
| 11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.  |   |  |  |       |   |                      |   |                       |          |          |  |
| SIGNATURE: HARTFORD AND THE TRUNCH SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGER OF MANAGER DELEGATION OF DELEGATION OF PRINTED NAME OF SIGNING MANAGER OF MANAGER DELEGATION OF DELEGATION OF PROPERTY OF THE PROPER |   |  |  |       |   |                      |   |                       |          |          |  |