2008 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Nov 14, 2008
Secretary of State

DOCUMENT# M07000000036

Entity Name: ALCOR ACQUISITION, LLC

Current Principal Place of Business:

C/O THE BLACKSTONE GROUP
345 PARK AVENUE
NEW YORK, NY 10154

New Principal Place of Business:

501 E. CAMINO REAL
BOCA RATON, FL 33432

Current Mailing Address:

C/O THE BLACKSTONE GROUP
345 PARK AVENUE
NEW YORK, NY 10154

New Mailing Address:

501 E. CAMINO REAL
BOCA RATON, FL 33432

FEI Number: 20-4607565 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE, SUITE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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: NRAI SERVICES, INC.

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title:	P	( ) Delete
Name:	GRAY, JONATHAN D	
Address:	345 PARK AVENUE	
City-St-Zip:	NEW YORK, NY 10154	
Title:	VP	( ) Delete
Name:	SUMERS, GARY M	
Address:	345 PARK AVENUE	
City-St-Zip:	NEW YORK, NY 10154	
Title:	VP	( ) Delete
Name:	STEIN, WILLIAM J	
Address:	345 PARK AVENUE	
City-St-Zip:	NEW YORK, NY 10154	
Title:	VP	( ) Delete
Name:	CAPLAN, KENNETH A	
Address:	345 PARK AVENUE	
City-St-Zip:	NEW YORK, NY 10154	
Title:	VPS	( ) Delete
Name:	MCDONAGH, DENNIS J	
Address:	345 PARK AVENUE	
City-St-Zip:	NEW YORK, NY 10154	
Title:	VPS	( ) Delete
Name:	HARPER, ROBERT	
Address:	345 PARK AVENUE	
City-St-Zip:	NEW YORK, NY 10154	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DENNIS MCDONAGH VPS 11/14/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date