FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Mar 18, 2002 8:00 am **Secretary of State** DOCUMENT # M9800000161 1. Entity Name 03-18-2002 90032 001 ****50.00 1492 ASSOCIATES, LLC Principal Place of Business Mailing Address C/O HOFFMAN INVESTMENT PARTNERS P.O. BOX 3580 733 SUMMER STREET, PENTHOUSE STAMFORD CT 06905 STAMFORD CT 06901 2. 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 Number Applied For 06-1108775 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired -Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City FL 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 FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. MGR TITLE ☐ Defete TITLE Change ☐ Addition HOFFMAN, STEPHEN J NAME NAME CR2E083 733 SUMMER STREET STREET ADDRESS STREET ADDRESS City-St-ZiP STAMFORD CT 06901 CITY-ST-ZIP ☐ Delete [] Change Addition TITLE TITLE HOFFMAN, BURTON D NAME NAME 733 SUMMER STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP STAMFORD CT 06901 CITY-ST-ZIP MGR ☐ Addition TITLE ☐ Delete Change HOFFMAN, LAURENCE K NAME NAME 10 MIDDLE STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **BRIDGEPORT CT 06604** CITY-ST-ZIP Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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.

LAURENCE K. HOFFMAN

SIGNATURE:

SIGNATURE REQUIRE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER MANAGER, OR AUTHORIZED REPRESENTATIVE