FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 22, 2002 8:00 am Secretary of State DOCUMENT # M9900000562 1. Entity Name 05-22-2002 90268 038 ****55.00 AP/TEMPUS, LLC Mailing Address Principal Place of Business 967164 2 MANHATTANVILLE ROAD 2 MANHATTANVILLE ROAD ATTN: RONALD SOLOTRUK ATTN: RONALD SOLOTRUK PURCHASE NY 10577 PURCHASE NY 10577 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 13-4054738 Not Applicable \$5.00 Additional Country Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent --6. Name and Address of Current Registered Agent Name **CORPORATION SERVICE COMPANY** Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 Zip Code City Fŧ 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 Fiorida. DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 ADDITIONS/CHANGES 10. MANAGING MEMBERS/MANAGERS 9. Change ☐ Addition Delete MGR TITLE KRONUS PROPERTY III. INC. NAME STREET ADDRESS STREET ADDRESS 2 MANHATTANVILLE ROAD CITY-ST-ZIP CITY-ST-ZIP PURCHASE NY 10577 ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change -☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY#ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 er the repetiterfor trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:

President 4/8-102 407-226-1000

EPRESENTATIVE Date Daytime Phone #