2001 UNIFORM BUSINESS REPORT (UBR) FILED Mar 26, 2001 08:00 AM M9900000720 DOCUMENT # 1. Entity Name **Secretary of State** CMI CAPITAL MARKET INVESTMENT, LLC Principal Place of Business Mailing Address 460 PARK AVENUE - SUITE 801 460 PARK AVENUE - SUITE 801 NEW YORK NEW YORK NY NY 10022 10022 2. Principal Place of Business 3. Mailing Address 460 PARK AVENUE, SUITE 801 460 PARK AVENUE, SUITE 801 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 13-3995163 NEW YORK NY NEW YORK Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 10022 10022 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent WOJTUSIAK GEORGE 2875 SOUTH OCEAN BLVD. SUITE 200-25 Street Address (P.O. Box Number is Not Acceptable) PALM BEACH FL33480 US Zip Code 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. THOMAS C. ELLIOTT 03/26/2001 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State MANAGING MEMBERS/MEMBERS 9. 10. ADDITIONS/CHANGES ☐ Delete TITLE MGR TITLE Change ☐ Addition NAME WOJTUSIAK GEORGE J NAME STREET ADDRESS 2875 SOUTH OCEAN BLVD. SUITE 200-25 STREET ADDRESS CITY-ST-ZIP PALM BEACH FL 10022 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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. George J. Wojtusiak 03/26/2001

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

CR2E083 (11/00)

Daytime Phone #