

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # M99000001812**

1. Entity Name

TFE TECHNOLOGY HOLDINGS, LLC**FILED**
May 06, 2002 8:00 am
Secretary of State

05-06-2002 90132 049 ****50.00

Principal Place of Business

**530 W. 1500 S.
BOUNTIFUL UT 84011**

Mailing Address

**530 W. 1500 S.
BOUNTIFUL UT 84011**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **13-4079495**

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

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

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
TFE TECHNOLOGY, LLC
410 PARK AVENUE, SUITE 840
NEW YORK NY 10022** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
TFE INVESTMENTS, LLC
410 PARK AVENUE, SUITE 840
NEW YORK NY 10022** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Member
TFE Investments, LLC
410 Park Avenue, Suite 840
New York, NY 10022** ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
FEDERAL PARTNERS, LP
ONE ROCKEFELLER PLAZA, 31ST FLOOR
NEW YORK NY 10020** ☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Member
Federal Partners, LP
One Rockefeller Plaza, 31st Floor
New York, NY 10020** ☒ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DeleteTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ 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:**SIGNATURE REQUIRED**
John W. Walker Pres & CEO

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

Date

801 298-8000

Daytime Phone #

CR2E083 (9/01)