## FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P01000010649 1. Entity Name 02 OCT 16 PM 1: 48 South Blanding Boulevard Holding Company, Inc. SECRETARY OF STATE TALLAHASSEE, FLORIN DO NOT WRITE IN THIS SPACE REINSTATEM 2. Principal Place of Business 3. Mailing Address One Blue Hill Plaza One Blue Hill Plaza DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #. etc. 9th Floor 9th Floor Applied For 4. FEI Number City & State City & State 13-4162510 Not Applicable Pearl River, NY Pearl River, NY \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 10965 10965 7. Name and Address of Current Registered Agent Corporation Service Company Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street DO NOT WRITE IN THIS SPACE Tallahassee 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. Deborah D. Skipper 10/16/02 (NOTE: Register ASS Aresignature Regular Sheet reinstating) January 1 - May 1 Fee is \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be After May 1, Fee is \$550.00 Amended UBR is \$61.25 10. Election Campaign Financing Fax filing requirement and elects to do so. Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11 TITLE Chief Executive Officer, Allen Elkin NAME NAME One Blue Hill Plaza STREET ADDRESS STREET ADDRESS Pearl River, NY 10965 CITY-ST-ZIP CITY-ST-ZIP TITLE President, Arthur Wagner NAME One Blue Hill Plaza STREET ADDRESS STREET ADDRESS Pearl River, NY 10965 CHY ST-ZIP CITY-ST-7iP TITLE TITLE Vice President, Richard Vendig NAME NAME One Blue Hill Plaza STREET ADDRESS DO NOT WRITE STREET ADDRESS Pearl River, NY 10965 CITY ST-ZIP CITY-ST-ZIP IN THIS SPACE TOLE Chief Financial and Administrative NAME NAME Officer and Secretary, Richard Vendig STREET ADDRESS 1 Blue Hill Plaza, Pearl River, NY STREET ADDRESS CITY-ST-7P CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an

attachment with an address, with a 10/15/02 845-732-8750

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034B (12/01