Document Number Only

CR2E031 (1-89)

P16989

97 OCT 24 PM 4: 09

C T Corporation System		SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Requestor's Name 660 East Jefferson	Street		
Address Tallahassee, FL 32	301		
City State Zip	Phone	80	800002318 71 8- -10/13/97010800
CORPORATION(S) NAME		******35.00 ******3	
Belter Paperties	N, U,		
() Profit () NonProfit	() Amendn	nent	() Merger
() Limited Liability Compan () Foreign	() Dissolution/Withdrawal		() Mark
) Limited Partnership () Annual R) Reinstatement () Reservat) Limited Liability Partnership			() Other () Change of R.A. () Fictitious Name
() Certified Copy	() Photo Copies		() CUS
() Call When Ready () Walk In () Mail Out	() Call if Pr () Will Wai		() After 4:30 () Pick Up
Name Availability Document Examiner	10/13/97	PLEASE I	RETURN EXTRA COPY(S) FILE STAMPED
Updater Verifier		10/20	
Acknowledgment			97 OCT
W.P. Verifier			RR ANS SI

FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

October 14, 1997

C T CORPORATION SYSTEM

TALLAHASSEE, FL

SUBJECT: BELTER PROPERTIES N.V.

Ref. Number: P16989

We have received your document for BELTER PROPERTIES N.V. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you have submitted is only used for corporations who are not authorized to transact business in Florida, but who must, for other reasons, designate a registered agent in Florida. The subject entity is authorized to transact business in Florida and must file a Statement of Change of Registered Agent in order to change the registered agent. The proper form is attached.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6957.

Joy Moon-French Corporate Specialist

> Walk up Pick up

Letter Number: 897A00050194

97 OCT 24 PM 2: 11

Florida Department of State, Sandra B: Mortham, Secretary of State

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR CORPORATIONS

Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida I undersigned corporation organized under the laws of the State of NETHERLANDS AND U	
submits the following statement in order to change its registered office or registered agent, or	both, in the
State of Florida. 1. The name of the corporation is: BELTER PROPERTIES NIV.	,
2. The mailing address of the corporation is: Of MWIN ROSEN 950 THING /	VE _
23Hd Fl. NY M/10022	
3. Date of incorporation/qualification: 12/1/81 Document number: 9/69	789
4. The name and address of the current registered agent and office:	
TAMES W. SHINDELL	PAR SE 97
201 SOUTH BISCAYNE BOULEVALD STITE 2400	97 OCT 24 ECRETAR LLAHASS
MIAMI EL 33/31	TAR ASS
5. The name and address of the new registered agent and office: (P.O. Box Not Acceptable)	
CT CORPORATION SYSTEM	4: 0: STAI STAI
INOO SOUTH PINE /SLAND ROAD)9 NA
PLANTADON FLORIDA 33324	
The street address of its registered office and the street address of the business office of its regis	istered
agent, as changed, will be identical.	
Such change was authorized by resolution duly adopted by its board of directors or by an office authorized by the board. Dry APPOINTED SPECIAL	er so
(Signature of an officer, chairman or vice chairman of the board) (Date)	
(Signature of an officer, chairman or vice chairman of the board) (Date)	
VAMES MADEA (Printed of typed name and title)	•
	corporation, or horse to
Having been named as registered agent and to accept service of process for the above stated of hereby accept the appointment as registered agent and agree to act in this capacity. I furthe comply with the provisions of all statutes relative to the proper and complete performance of and I am familiar with and accept the obligation of my position as registered agent.	my duties,
^	
(Signature of Registered Agent) (Date)	
GONNIE BRYAN If signing on behalf of an entity: SPECIAL ASSISTANT SECRETARY	
A signing on sense or on onesy.	
(Typed or Printed Name) (Capacity)	