2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P20187 May 02, 2000 8:00 am Secretary of State 1. Entity Name LEPERCQ NET 1 INC. 05-02-2000 90101 005 ***150.00 Mailing Address Principal Place of Business C/O THE LCP GROUP C/O THE LCP GROUP 355 LEXINGTON AVE - 14TH FLOOR 355 LEXINGTON AVE - 14TH FLOOR NEW YORK NY 10017 NEW YORK NY 10017-6603 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 13-342 1525 Not Applicable Country Zip \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 City Zip Code FL 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550,00 Tax filing requirement and elects to do so. П Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. ☐ Addition ☐ Change DPS Delete TITLE TITLE NAME ROSKIND, E. ROBERT NAME 355 LEXINGTON AVE - 14TH FLOOR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY 10017** X Delete Change Addition VPT TITLE VPT TITLE NAME walsh, david J. NAME Albert, Robert N. STREET ADDRESS STREET ADDRESS 711 WESTCHESTER AVE 711 Westchester Ave. CITY-ST-ZIP CITY-ST-ZIP WHITE PLAINS NY 10604 White Plains, NY 10604 Change ☐ Addition VΡ ☐ Delete TITLE TITLE NAME DEBAUN, DENISE E NAME STREET ADDRESS STREET ADDRESS 355 LEXINGTON AVE 14TH FLORR CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY** T Change Addition Delete TITI F TITLE CARROLL, PATRICK NAME NAME STREET ADDRESS STREET ADDRESS 355 LEXINGTON AVE 14TH FL CITY-ST-ZIP CITY-ST-ZIP NEW YORK NY 10017 □ Change ☐ Addition Delete TITLE TITLE SMITH, DIANNE R NAME NAME STREET ADDRESS STREET ADDRESS 355 LEXINGTON AVE 4TH FL

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 oath; 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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

Dianne R. Smith, Vice President SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

NY NY 10017

4/25/00 (212)692-7200

Change

☐ Addition