2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED **DOCUMENT # P21192** Feb 29, 2000 8:00 am 1. Entity Name **Secretary of State** ETIENNE AIGNER, INC. 02-29-2000 90103 037 ***150.00 Principal Place of Business Mailing Address 47 BRUNSWICK AVENUE 47 BRUNSWICK AVENUE EDISON NJ 08818 EDISON NJ 08817-2576 US US PROTUNDS 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 13-3473483 Not Applicable Zip Country \$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 Name THE PRENTICE-HALL CORPORATION SYSTEM INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 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 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change CEOP TITLE Delete TITLE CHAVEZ, ROBERT NAME NAME STREET ADDRESS 712 FIFTH AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY** ☐ Addition ☐ Delete TITLE Change TITLE DOWLING, SEAN NAME NAME STREET ADDRESS STREET ADDRESS 1 ST ANDREW'S COURT CITY-ST-7IP CITY-ST-ZIP **OXFORDSHIRE, ENGLAND** ☐ Addition Change TITLE ☐ Delete CANGEMI, MICHAEL P NAME NAME STREET ADDRESS 47 BRUNSWICK AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **EDISON NY** ☐ Change Addition TITLE □ Del€te **ENGROS. CHARLES** NAME NAME STREET ADDRESS STREET ADDRESS 101 PARK AVE CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY** CONTROLLER SUDESH CHONKAR 47 BRUNSWICK AUC Change Addition Delete TITLE **VPC** TITLE KOTHE, LINDA NAME NAME STREET ADDRESS 47 BRUNSWICK AVENUE STREET ADDRESS 08818 CITY-ST-ZIP EDISON NIT CITY-ST-ZIP EDISON NJ 08818 Addition ☐ Delete TITLE ASST. SECRETARY ☐ Change TITLE NAME NAME PETER J. KARDYS STREET ADDRESS STREET ADDRESS 47 BRUNSWILK CITY-ST-ZIP £0150N 08818 CITY-ST-ZIP I hereby certify that the information supplied with this filling 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 truetee 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.

132.248.9200