

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P23967 (3)
1. Corporation Name
BPAI, INC.

Principal Place of Business Mailing Address
270 MADISON AVE. 270 MADISON AVE.
2ND FLOOR 2ND FLOOR
NEW YORK NY 10016 NEW YORK NY 10016

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

DO NOT WRITE IN THIS SPACE
3. Date Incorporated or Qualified 04/19/1989 3a. Date of Last Report 02/08/1996
4. FEI Number 13-0598110 Applied For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
BOWEN, SERENA
5201 W. KENNEDY BLVD.
SUITE 730
TAMPA FL 33609

10. Name and Address of New Registered Agent
81 Name HADERER, RUSSELL
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Russell Haderer* 8-21-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

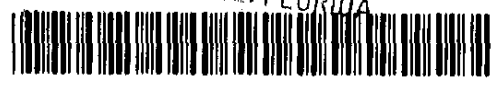
12. OFFICERS AND DIRECTORS
TITLE P ☐ DELETE
NAME MARCHESANO, MICHAEL
STREET ADDRESS 270 MADISON AVE.
CITY-ST-ZIP NEW YORK NY 10016
TITLE V ☐ DELETE
NAME MACRINI, EDWARD L.
STREET ADDRESS 270 MADISON AVE.
CITY-ST-ZIP NEW YORK NY 10016
TITLE S ☒ DELETE
NAME SECORD, JAMES P
STREET ADDRESS 270 MADISON AVE.
CITY-ST-ZIP NEW YORK NY
TITLE T ☒ DELETE
NAME HUFNAGEL, LEON C
STREET ADDRESS 270 MADISON AVE.
CITY-ST-ZIP NEW YORK NY
TITLE D ☒ DELETE
NAME SULLIVAN, STEPHEN G.
STREET ADDRESS 270 MADISON AVE.
CITY-ST-ZIP NEW YORK NY 10016
TITLE D ☒ DELETE
NAME COSTELLO, RICHARD A
STREET ADDRESS 270 MADISON AVE.
CITY-ST-ZIP NEW YORK NY

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE ☐ Change ☐ Addition
1.2 NAME 200002309132-3
1.3 STREET ADDRESS -10/01/97--01035-012
1.4 CITY-ST-ZIP *****61.25 *****61.25
2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE SECRETARY (S) ☒ Change ☐ Addition
3.2 NAME HUFNAGEL, LEON C.
3.3 STREET ADDRESS 270 MADISON AVE
3.4 CITY-ST-ZIP NEW YORK, NY 10016
4.1 TITLE TREASURER (T) AND (D) ☒ Change ☐ Addition
4.2 NAME LEEDS, MICHAEL S.
4.3 STREET ADDRESS 270 MADISON AVENUE
4.4 CITY-ST-ZIP NEW YORK, NY 10016
5.1 TITLE CHAIRMAN (C) AND (D) ☒ Change ☐ Addition
5.2 NAME ECOSTELLO, RICHARD A
5.3 STREET ADDRESS 270 MADISON AVE
5.4 CITY-ST-ZIP NEW YORK, NY 10016
6.1 TITLE FIRST VICE CHAIRWOMAN (D) ☒ Change ☐ Addition
6.2 NAME BETH GORDON
6.3 STREET ADDRESS 270 MADISON AVENUE
6.4 CITY-ST-ZIP NEW YORK, NY 10016

14. I do 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 annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *William J. Mordant* 9/1/97 214/771-3200
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

97 SEP 26 AM 8:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CR2E037 (4/97)