2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # **P36747** May 18, 2000 8:00 am Secretary of State 1. Entity Name MSMC, INC. 05-18-2000 90336 024 ***158.75 Principal Place of Business Mailing Address 100 SECOND AVE SO itt SECOND AVE SO SHITE 200 N SUITE 200 N Γ ST PETERSBURG FL 33701 ST PETERSBURG FL 33701-4398 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For NOT APPLICABLE Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired \mathbf{X} Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent _Name_. C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code 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 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. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Change Addition TITLE ☐ Delete TITLE BERMANZOHN, FRANCES R. NAME STREET ADDRESS STREET ADDRESS **85 BROAD STREET** CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY** ☐ Change ☐ Addition TITLE ☐ Delete TITLE HINKLE, WILLIAM NAME NAME STREET ADDRESS STREET ADDRESS **85 BROAD STREET** CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY** ☐ Change Addition ☐ Delete TITLE MNUCHIN, STEVEN-T.-MAME STREET ADDRESS STREET ADDRESS 85 BROAD STREET CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY** VD . ☐ Chanoe ☐ Addition TITLE ☐ Delete TITLE BELL, JANET L. NAME NAME STREET ADDRESS STREET ADDRESS **85 BROAD STREET** CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY** ☐ Delete ☐ Change ■ Addition TITLE TITLE NAME GESTER, DOUGLAS W. -100 SECOND AVENUE S SUITE 400S STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST PETERSBURG FL SD ☐ Change Addition ☐ Delete TITLE TITLE BERMANZOHN, FRANCES R. NAME STREET ADDRESS **85 BROAD STREET** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY** ting does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director to execute this report are required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information supplied indicated on this report or supplemental of the corporation or the receiver or trustee empow changed, or on an attachment with an actoress, wit dress, wit

PAME OF SIGNING OFFICER OR DIRECTOR