2006 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **P37698** Jan 19, 2000 8:00 am 1. Entity Name **Secretary of State** FTRC HOTEL CORP. 01-19-2000 90201 014 ***150.00 Principal Place of Business Mailing Address % AVR ONE EXECUTIVE BLVD. ONE EXECUTIVE BLVD. YONKERS NY 10701 YONKERS NY 10701-6822 Same 30/160 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. 🛂 Suite, Apt. #, etc. JULY DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 13-3643463 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. 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. 1 112 * * Signature, typed or printed name of registered agent and title if applicable. DATE (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 Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME ROSE, ALLAN V. STREET ADDRESS STREET ADDRESS ONE EXECUTIVE BLVD. CITY-ST-ZIP CITY-ST-ZIP YONKERS NY Addition Change ☐ Delete TITLE TITI F VCV NAME NAME COHEN, ARTHUR G. STREET ADDRESS STREET ADDRESS 508 8TH AVE. STE. 300 CITY-ST-ZIP CITY-ST-ZIP NEW YORK NY 10018 Addition ☐ Change ☐ Delete TITLE TITLE NAME IDE, FREDERICK E. NAME STREET ADDRESS STREET ADDRESS ONE EXECUTIVE BLVD. CITY-ST-ZIP CITY-ST-ZIP -YONKERS NY-----☐ Addition TITLE ☐ Delete TITLE NAME GARBER, STANLEY NAME STREET ADDRESS STREET ADDRESS 508 8TH AVE. STE. 300 CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY 10018** ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR