SIGNATURE

11.

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STREET ADDRESS

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STREET ADDRESS

CITY - ST - ZIP

(See criteria on back)

CBO

VC

EVP

FOR PROFIT-CORPORATION UNIFORM BUSINESS REPORT (UBR)

Signature, typed or printed name of registered agent and title if applicable

X

10021

10021

10021

10021

OFFICERS AND DIRECTORS

Ronald O. Perelman

New York, NY 10021

35 E. 62nd St.

New York, NY

Howard Gittis

35 E. 62nd St.

Glenn P. Dickes

Todd J. Slotkin

Barry F. Schwartz

New York, NY 10021

NY

35 E. 62nd St.

35 E. 62nd St.

Marvin Schaffer 35 E. 62nd St.

New York,

New York, NY

35 E. 62nd St.

New York, NY

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

FILED May 27, 2002 8:00 am Secretary of State

2 90420 004 ***150.00

Applied For Not Applicable

\$8.75 Additional Fee Required

DOCUMENT # \$378	40		05-27-2002 90420	004	
38 EAST CORPORATION					
DO NOT WRITE	IN THIS	SPACE			
2. Principal Place of Business 35 E. 62ND ST.	3. Mailing Add 35 E. 6	ress 2ND ST.			
Suite, Apt. #, etc. ATTN: TAX DEPT.	Suite, Apt. # ATTN: T	AX DEPT.	DO NOT WRITE IN THIS S	PACE	
City & State NEW YORK, NY	City & State NEW YOR		4. FEI Number 13-3294821	\top	
Zip Country 10021 USA	Zip 10021	Country USDA	i b. Cerillicale of Status Desired	\$8.7 Fee R	
			7. Name and Address of Current Registered	Ager	
DO NOT WRITE IN THIS SPACE			Name Prentice-Hall Corporation Sys Street Address (P.O. Box Number is Not Acceptable) 110 N. Magnolia St.		
The above named entity submits this statement	ent for the purpose o	City Tallah f changing its registered office o	nassee FL or registered agent, or both, in the State of Florida	Z ip 32	

TITLE

NAME

CITY ST. ZIP

STREET ADDRESS

CITY + ST - ZIP

	· · · · · · · · · · · · · · · · · · ·	Name and Address of Current Registered Agent
	Name Prentice	e-Hall Corporation System Inc.
E	Street Address (F	P.O. Box Number is Not Acceptable)
E	110 N. M	Magnolia St.
_		
	City Tallahas	ssee FL Zip Code 32301
purpose of ch		jistered agent, or both, in the State of Florida.
ent and title if app	olicable. (NOTE: Registered Age	nt signature required when reinstating) DATE
	y 1 - May 1 Fee is \$150.00	DATE
After May 1, Fee is \$550.00 Amended UBR is \$61.25		10. Election Campaign Financing \$5.00 May Be
	Payable to Department of State	Trust Fund Contribution. Added to Fees
ORS		
	TITLE	
	NAME	
1	STREET ADDRESS CITY+ST-ZIP	
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	KAME	
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1	CITY - ST - ZIP	DO NOT WRITE
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	NAME	III IIIIO OI AOL
ĺ	STREET ADDRESS CITY - ST - ZIP	
<u> </u>	TITLE	
	NAME	
	STREET ADDRESS	

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 deport 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 expression 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 or ar attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #