2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P37876 Jul 28, 2000 8:00 am Secretary of State 1. Entity Name M.D. SASS REALTY CORP. II 06-20-2000 90005 045 ***150.00 07-28-2000 90001 031 ***400.00 Mailing Address Principal Place of Business % REAL ESTATE CAPITAL PARTNERS % REAL ESTATE CAPITAL PARTNERS 1185 AVE OF THE AMERICAS 1185 AVE OF THE AMERICAS NEW YORK NY 10036-2601 NEW YORK NY 10036 US 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 13-3650454 Not Applicable Country \$8.75 Additional Zip Country Zio 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent لتنسخ لمبلق والواليد 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 City 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 Signature, typed or printed name of registered agent and trile it applicable. (NOTE: Registered Agent algoriture 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) .7 . .7 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition ☐ Delete TITLE TITLE SASS, MARTIN D. NAME NAME STREET ADDRESS STREET ADDRESS 1185 AVE OF THE AMERICAS CITY-ST-7P CITY-ST-ZIP **NEW YORK NY** Change ☐ Addition TITLE TIME Delete KINNEY, ROBERT L. MAME NAME 1185 AVE OF THE AMERICAS STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP new York Ny Addition ☐ Change TITLE Detete TITLE SHEWER; KARIN E. -NAME NAME STREET ADDRESS STREET ADDRESS 1185 AVE OF THE AMERICAS CITY-ST-ZIP CITY-ST-ZIP NEW_YORK.NY... Change Addition TITLE TITLE Delete LAMILE, HUGH R. NAME NAME STREET ADDRESS STREET ADDRESS 1185 AVE OF THE AMERICAS CITY-ST-ZIP NEW YORK NY CITY-ST-ZIP ÷ 1. ☐ Change ☐ Addition ☐ Delete TITLE TITLE winter, Martin e. NAME NAME STREET ADDRESS STREET ADDRESS 1185 AVE OF THE AMERICAS CITY-ST-ZIP CITY-ST-ZIP NEW YORK NY ☐ Addition ☐ Delete TITLE TITLE Robert J. mobel STONE: FRED M-NAME NAME STREET ADDRESS STREET ADDRESS | 1185 AVE OF THE AMERICAS **NEW YORK NY**

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 changed, or on an attachingent with an address, with all other like empowered.

SIGNATURE:

REQUIRED TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daysime Phone #

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