2001 UNIFORM BUSINESS REPORT (UBR) May 11, 2001 8:00 am DOCUMENT # P9200007318 Secretary of State DEERFIELD ASSOCIATES CORP. 05-11-2001 90032 002 ***150.00 Mailing Address Principal Place of Business 33 SOUTH SERVICE RD 33 SOUTH SERVICE RD JERICHO NY 11753-1006 JERICHO NY 11753-1006 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 11-3183079 Not Applicable \$8.75 Additional Country Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent SHAHADY, JOHN J Street Address (P.O. Box Number is Not Acceptable) HOUSTON & SHAHADY 316 NE 4TH ST. FT. LAUDERDALE FL 33301 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable 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, 2001 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS Addition Change TITLE ☐ Delete NAME ROSEN, ROBERT A NAME STREET ADDRESS STREET ADDRESS 33 SOUTH SERVICE RD CITY-ST-ZIP CITY-ST-ZIP JERICHO NY Addition Change ☐ Delete TITLE TITLE ROSEN, FLORENCE NAME NAME STREET ADDRESS STREET ADDRESS 33 SOUTH SERVICE RD CITY-ST-ZiP CITY - ST - 7IP JERICHO NY ☐ Change Addition TITLE ☐ Delete TITLE D NAME ROSEN, DAVID S NAME STREET ADDRESS 33 SOUTH SERVICE RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JERICHO NY Change ☐ Addition TITLE ☐ Delete TITL F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

13. I hereby certify that the information supplied with this filling 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 attachment with an address, with all other like empowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Vice hesident SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Florence fosen.

☐ Delete

Change

Addition

CR2E034 (10/00