2000 UNIFORM BUSINESS REPORT (UBR) FILED กด์CUMENT# P93000049259 Jun 09, 2000 8:00 am 1. Entity Name **Secretary of State** ADELA CORP. 06-09-2000 90005 023 ***150.00 Mailing Address Principal Place of Business 767 Fifth Avenue, 50th 767 Fifth Avenue 50th floor 50th floor New York, NY 10153 New York, NY 10153 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number 65-0485601 Applied For City & State City & State Not Applicable Country 7in Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name The Prentice-Hall Corp. System, Inc. 1201 Hayes Street Street Address (P.O. Box Number is Not Acceptable) Suite 105 Tallahassee, FL 32301 Zip Code City FL 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 Tax filing requirement and elects to do so After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution Make Check Payable to Department of State OFFICERS AND DIRECTORS Aug J. 463 45 " 7 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DP ☐ Change ☐ Addition TITI F ☐ Delete NAME NAME Lindemann, George STREET ADDRESS STREET ADDRESS 60 Blossom Way CITY-ST-ZIP Palm Beach. CITY-ST-ZIP Change Addition ☐ Delete TITI F NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ■ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TiTt F Delete NAME NAMF -STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

CR2E034 (9/99)

SIGNATURE: BY: 4/24/2000 (212) 605-0813

SIGNATURE: Date Destroy Process OF DIRECTOR Date Destroy Process OF DIRECTOR