2001 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 06, 2001 8:00 am DOCUMENT # P94000091396 **Secretary of State** 1. Entity Name COLE DESTIN. INC. 02-06-2001 90242 032 ***150.00 Principal Place of Business Mailing Address 152 W. S7TH STREET 2 EMERSON LANE C/O GENERAL COUNSEL NEW YORK NY 10019 SECAUCUS NJ 07094 2. Principal Place of Business 3. Mailing Address 603 W. 50 Street Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 59-3291495 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NATIONASCORP REGISTERED AGENTS, INC. Street Address (P.O. Box Number is Not Acceptable) 526 E. PARK AVENUE TALLAHASSEE FL 32301 Zip Code 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11, 12. ☐ Addition Change : TITLE ☐ Delete TITLE COLE, KENNETH D NAME NAME 603 W. 50M STREET ADDRESS STREET ADDRESS 152 WEST 57TH STREET CITY-ST-ZIP NEW YORL NY 10019 CITY-ST-ZIP NEW YORK NY 10019 ☐ Addition ☐ Delete X1 Change TITLE TITLE NAME MAYER, STANLEY A NAME 403 W.50# St. STREET ADDRESS STREET ADDRESS 2 EMERSON LANE NEW YORL MY 10019 CITY-ST-ZIP CITY-ST-7IP SECAUCUS NJ 07094 TITLE Delete 🔼 Addition: Michael Colosi NAME COHEN, PATRICE F NAME LUZ WOODHSt. STREET ADDRESS STREET ADDRESS 2 EMERSON LANE PICO YOULDY 10019 CITY-ST-ZIP CITY-ST-ZIP SECAUCUS NJ 07094 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME EDELMAN, DAVID P NAME STREET ADDRESS STREET ADDRESS **EMERSON LANE** CITY-ST-ZIP CITY-ST-ZIP SECAUCUS NJ 07094 ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 changed, or on an attachment with an address, with all other like empowered.

TYPED OR PRINTED MAN

layer, Vice President