## 2000 UNIFORM BUSINESS REPORT (UBR) FILED Feb 05, 2000 8:00 am Secretary of State DOCUMENT # P95000014202 QRS 10-18 (FL), INC. 02-05-2000 90030 026 \*\*\*150.00 Principal Place of Business Mailing Address 50 ROCKEFELLER PLAZA 50 ROCKEFELLER PLAZA NEW YORK NY 10020 NEW YORK NY 10020-1605 HIIII14373 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 13-3810595 Not Amin Country \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent .... Name THE PRENTICE HALL CORPORATION SYSTEM, INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS ST. 105 TALLAHASSEE FL 32301 Zip Code 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 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 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. SE 6 PLEASE TITLE Addition Delete TITLE ATTACHED COMPLETE CAREY, WILLIAM NAME NAME L FST STREET ADDRESS STREET ADDRESS 50 ROCKEFELLER PLAZA, 2ND FL CITY-ST-ZIP CITY-ST-ZIP NEW YORK NY 10020 ☐ Change ☐ Addition □ Delete TITLE TITLE CAREY, H. AUGUSTUS NAME NAME STREET ADDRESS STREET ADDRESS **50 ROCKEFELLER PLAZA** CITY-ST-7/P CITY-ST-ZIP **NEW YORK NY 10020** Change Addition TITLE □ Delete PARK JOHN J NAME NAME STREET ADDRESS STREET ADDRESS **50R ROCKEFELLER PLAZA** CITY-ST-ZIP CITY-ST-ZiP NEW YORK NY 10020 Addition TITLE ☐ Change TITLE Delete DUGAN, GORDON F NAME NAME STREET ADDRESS STREET ADDRESS **50 ROCKEFELLER PLAZA** CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY 10020** ☐ Change Addition Delete TITLE NAME RUDER, WILLIAM NAME

CITY-ST-ZIP NEW YORK NY 10020 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.

TITI F

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

ΑT

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

50 ROCKEFELLER PLAZA, 2ND FL

50 ROCKEFELLER PLZ, 2ND FLR

NEW YORK NY 10020

YASMIN GUERRERO

☐ Delete

■ Addition

☐ Change