2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Mar 07, 2000 8:00 am Secretary of State DOCUMENT # **P96000062718** LONG ENERGY, INC. 03-07-2000 90027 022 ***150.00 Principal Place of Business Mailing Address 150 MYRTLE AVENUE 150 MYRTLE AVENUE ALBANY NY 12202 ALBANY NY 12202-1317 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 14-1795724 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name UCC FILING & SEARCH SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 526 EAST PARK AVE. STE. 200 TALLAHASSEE FL 32302 City 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. (NOTE: Registered Agent signature required when reinstating) DATE 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 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Ghange Addition TITLE Delete 🗆 TITLE NAME LONG, ROBERT F SR. NAME STREET ADDRESS 150 MYRTLE AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ALBANY NY 12209 TITLE ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE TITLE Change ☐ Delete NAME NAME ٠... STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Addition ☐ Change Delete TITLE TITLE NAME STREET ADDRESS STREET ANDRESS CITY OF ZIP CITY-ST-ZIP ☐ Addition Delete ☐ Change HILE TITLE NAME SIBLE: ADDRESS STREET ADDRESS

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 applies with a proposed to the receiver of the corporation of the corporation of the receiver of the corporation of the receiver of the receiver of the corporation of the receiver of the receiver of the corporation of the receiver of the receiv

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SIGNATURE:

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HATTER AND TYPED OR PRIMED NAME OF SIGNING OFFICER OR DIRECTOR

J/29/00 518
