2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P9800005264 Apr 03, 2000 8:00 am Secretary of State FELIX EQUITIES OF FLA. INC. 04-03-2000 90196 002 ***158.75 Principal Place of Business Mailing Address 4435 OLD WINTER GARDEN ROAD P O BOX 650 ORLANDO FL 32802 LINCOLNDALE NY 10540-0650 2. Principal Place of Business 3. Mailing Address ē, Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 22-3570283 Not Applicable Zip Country Zip Country \$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 BLUMBERG EXCELSIOR CORPORATE SERVICES. INC. Street Address (P.O. Box Number is Not Acceptable) 4435 OLD WINTER GARDEN ROAD ORLANDO FL 32802 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete Change ☐ Addition TITLE NAME Petrillo. Felix M NAME STREET ADDRESS 3 CAROL LANE STREET ADDRESS CITY-ST-7IF CITY-ST-7IP MAMARONECK NY 10543 TITLE ☐ Delete ☐ Change ☐ Addition TITLE NAME PETRILLO, CAROL A NAME STREET ADDRESS 3 CAROL LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MAMARONECK NY 10543 TITLE ☐ Delete TITLE ☐ Change ☐ Addition PETRILLO, FELIX J NAME NAME STREET ADDRESS STREET ADDRESS 3 CAROL LANE CITY-ST-ZIP CITY-ST-ZIP MAMARONECK NY 10543 Executive Vice President Delete TITLE ☐ Change Addition A TITLE John A. Rupich VESCIO, WILLIAM J NAME NAME STREET ADDRESS STREET ADDRESS 522 Albradt St 144 OLD BRIARCLIFF RD 07652 CITY-ST-ZIP CITY-ST-ZIP **BRIARCLIFF MANOR NY 10510** ☐ Delete ☐ Change TITLE Addition TITLE PETRILLO, MICHAEL V NAME NAME STREET ADDRESS STREET ADDRESS 3 CAROL LANE CITY-ST-ZIF CITY-ST-ZIF MAMARONECK NY 10543 ☐ Delete ST TITLE Change Addition TITI F FRENCH, ALBERT A NAME NAME STREET ADDRESS STREET ADDRESS 1770 FRENCH HILL RD CITY-ST-ZIP CITY-ST-ZIP YORKTOWN HEIGHTS NY 10598

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 wit