2004 FOR PROFIT GORPORATION REINSTATEMENT

SIGNATURE:

SECRETARY OF STATE DIVISION OF CORPORATIONS **DOCUMENT # P98000091209** 1. Entity Name KN ASSET MANAGEMENT, INC. 04 NOV 16 AM 8: 00 Principal Place of Business Mailing Address KEINSTATEVIENT 04 164 HONEYSUCKLE DRIVE 164 HONEYSUCKLE DRIVE JUPITER, FL 33458 JUPITER, FL 33458 2. Principal Place of Business 3. Mailing Address 410 PARK 410 PARK AVE AVE Suite, Apt. #, etc CR2E098 (6/04) 11062004 REIN-P 4. FEI Number Applied For City & State 65-0881861 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 10022 Fee Required USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HENRY, THOMAS C Street Address (P.O. Box Number is Not Acceptable) 164 HONEYSUCKLE DR. JUPITER, FL 33458 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b); F.S., the After January 1, 2005, Fee will be \$300.00 corporation did not receive the prior notice OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete TM F ☐ Addition TITLE KING, JOAN NAME NAME STREET ADDRESS 595 MADISON AVENUE 38TH FLOOR STREET ADDRESS NEW YORK, NY 10022 CITY-ST-ZIP CITY-ST-7/P ☐ Defete TITLE TITLE NUSSBALLEY, IRWIN NAME NUSS<u>BAUH</u> IRWIN NAME 595 MADISON AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NEW YORK, NY 10022 CITY-ST-ZIP Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME 500042788055 11/16/04--01066--001 **!! STREET ADDRESS STREET ADDRESS **150.00 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

FILED