2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

Mailing Address

41ST FLOOR

345 PARK AVENUE

NEW YORK NY 10145

3. Mailing Address

City & State

Suite, Apt. #, etc.

P99000028878 DOCUMENT

1. Entity Name

Principal Place of Business

2. Principal Place of Business

345 PARK AVENUE

NEW YORK NY 10145

Suite, Apt. #, etc.

City & State

Zip

SIGNATURE

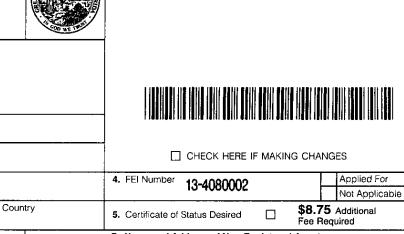
41ST FLOOR

MACRO PARTNER CORPORATION



FILED May 02, 2003 8:00 am Secretary of State

05-02-2003 90201 022 ***150.00



CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525

7. Name and Address of New Registered Agent			
Name			
•			
Street Address (P.O. Box Number is Not Acceptable)			
City	FL 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.

FILE NOW!!! FEE IS \$150.00

(NOTE: Registered Agent signature required when reinstating)

DATE

After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State

Signature, typed or printed name of registered agent and title if applicable.

Country

6. Name and Address of Current Registered Agent

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

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10. OFFICERS AND DIRECTORS			11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP KHOUJA, MOHAMAD 345 PARK AVENUE 41ST FLOOR NEW YORK NY 10154	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVTA MACKIN, PAUL A 345 PARK AVENUE 41ST FLOOR NEW YORK NY 10154	☐ Delete	THTLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		□ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change	Addition

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 a other like empowered.

SIGNATURE:

Daytime Phone #