SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT 1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S12443 (5)

1. Corporation Name
MAQ/LIFTON ACQUISITION CORP.

Principal Place of Business
5665 NORTHSIDE DR N W
ATLANTA GA 30328-2850

Mailing Address
5665 NORTHSIDE DR N W
ATLANTA GA 30328-2850

3. Date Incorporated or Qualified: 11/13/1990
3a. Date of Last Report: 07/20/1995

4. FEI Number: 65-0228179 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No

2. Principal Place of Business
21 ONE INSIGNIA FINANCIAL PLAZA
22 Suite, Apt. #, etc. CORP. ACCOUNTING
23 City & State GREENVILLE SC
24 Zip 29602 25 Country USA

2a. Mailing Address
26 P.O. BOX 1089
27 Suite, Apt. #, etc. CORP. ACCOUNTING
28 City & State GREENVILLE, SC
29 Zip 29602 30 Country USA

9. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE ________ DATE ________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DP	☑ DELETE
NAME	ASHNER, MICHAEL	
STREET ADDRESS	100 JERICHO QUADRANGLE, SUITE 214	
CITY-ST-ZIP	JERICHO NY	
TITLE	VSTD	☑ DELETE
NAME	QUELER, ARTHUR	
STREET ADDRESS	5665 NORTHSIDE DRIVE, NW, SUITE 370	
CITY-ST-ZIP	ATLANTA GA	
TITLE	DC	☑ DELETE
NAME	LIFTON, MARTIN	
STREET ADDRESS	100 JERICHO QUADRANGLE, SUITE 214	
CITY-ST-ZIP	JERICHO NY	
TITLE	V	☑ DELETE
NAME	LIFTON, BRUCE G	
STREET ADDRESS	5665 NORTHSIDE DRIVE, NW, SUITE 370	
CITY-ST-ZIP	ATLANTA GA	
TITLE	VD	☑ DELETE
NAME	LIFTON, STEVEN J	
STREET ADDRESS	100 JERICHO QUADRANGLE, SUITE 214	
CITY-ST-ZIP	JERICHO NY	
TITLE	D	☑ DELETE
NAME	LOENIGSBERGER, RICARDO	
STREET ADDRESS	1301 AVENUE OF THE AMERICAS, 38TH FLOOR	
CITY-ST-ZIP	NEW YORK NY	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DIRECTOR/PRESIDENT	☐ Change ☑ Addition
1.2 NAME	WILLIAM H. JARRARD JR.	
1.3 STREET ADDRESS	ONE INSIGNIA FINANCIAL PLAZA	
1.4 CITY-ST-ZIP	GREENVILLE SC 29602	
2.1 TITLE	VP/SECRETARY	☐ Change ☑ Addition
2.2 NAME	JOHN K. LINES	
2.3 STREET ADDRESS	ONE INSIGNIA FINANCIAL PLAZA	
2.4 CITY-ST-ZIP	GREENVILLE SC 29602	
3.1 TITLE	V.P./TREASURER	☐ Change ☑ Addition
3.2 NAME	RONALD URETTA	
3.3 STREET ADDRESS	ONE INSIGNIA FINANCIAL PLAZA	
3.4 CITY-ST-ZIP	GREENILLE, SC 29602	
4.1 TITLE	CONTROLLER	☐ Change ☑ Addition
4.2 NAME	MARTHA LONG	
4.3 STREET ADDRESS	ONE INSIGNIA FINANCIAL PLAZA	
4.4 CITY-ST-ZIP	GREENVILLE SC 29602	
5.1 TITLE	ASSISTANT SECRETARY	☐ Change ☑ Addition
5.2 NAME	KELLEY BUECHLER	
5.3 STREET ADDRESS	ONE INSIGNIA FINANCIAL PLAZA	
5.4 CITY-ST-ZIP	GREENVILLE SC 29602	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Martha L Long — 6/17/96 — 864-239-1138
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
MARTHA LONG

0000252 — CP