FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT

1998

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

FILED
98 MAY 15 AM 10:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S55698

1. Corporation Name

VHPL II, Inc.

REINSTATEMENT 96-98

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1 Wall Street, 21st Fl., New YOrk, NY 10286	1 Wall St., 21st Fl., New York, NY 10286

3. Date Incorporated or Qualified: 05/29/91

4. FEI Number: 13-3616363 ☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 48 Wall St., 16th Fl.,	26 48 Wall St., 16th Fl.,
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: New York, NY	28 City & State: New York, NY
24 Zip: 10286 25 Country	29 Zip: 10286 30 Country

9. Name and Address of Current Registered Agent

Corporation Service Company
1201 Hays Street
Tallahassee, FL 32301

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

700002530697--1
-05/20/98--01107--005
***1050.00

83

84 City FL ***1050.00

11. Pursuant to the provisions of Section 607.0502 or 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 duties of Section 607.0505, Florida Statutes.

SIGNATURE: [signature] (Registered Agent's signature required for reinstatement) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Krause, D One Wall St., New York, NY ☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	DP Slane, Mark R. One Wall St., New York, NY ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Dietz, H. F. One Wall St, New York, NY ☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	V Lazar, Dan S. 48 Wall St., New York, NY ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP .C. Silitch, N.C. One Wall St., New York, NY ☒ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	V Leary, Joseph F. 48 Wall St., New York, NY ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V Pouch, R.C. One Wall St., New York, NY ☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	T/V Jeremias, William One Wall St., New York, NY ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V Matteo, J. P. One Wall St., New York, NY ☒ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S McSwiggan, J. R. 48 Wall St., New York, NY ☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

14. I hereby 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 12 or Block 13 above, or on an attachment with an entry for my name.

SIGNATURE: [signature] Joseph Leary - V.P. 5/5/98 212-495-1881

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

CR2E034 (10/97)