


2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # F01000002565 1. Entity Name EYP MISSION CRITICAL FACILITIES, INC.	
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FILED
06 SEP 25 PM 2:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business 440 PARK AVE SOUTH, 14TH FLOOR NEW YORK, NY 10016 US	Mailing Address 440 PARK AVE SOUTH, 14TH FLOOR NEW YORK, NY 10016 US
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2. Principal Place of Business 440 Park Ave South	3. Mailing Address 440 Park Ave South
Suite, Apt. #, etc. 16th Floor	Suite, Apt. #, etc. 16th Floor

City & State New York, New York	City & State New York, New York
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Zip 10016	Country U.S	Zip 10016	Country U.S
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08302006 Chg-P CR2E034 (11/05)

4. FEI Number 11-2049537	Applied For Not Applicable
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6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES EINHORN, STEVEN L 54 STATE STREET, 3RD FLOOR ALBANY, NY 12207 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO GROSS, PETER 11845 W. OLYMPIC BLVD. LOS ANGELES, CA 90064 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO GLICKMAN, RICHARD A 440 PARK AVE SOUTH, 14TH FLOOR NEW YORK, NY 10016 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MANGAN, JOE 54 STATE STREET, 3RD FLOOR ALBANY, NY 12207 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600080153876 09/25/06--01088--020 **\$1.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President of Engineering James Warren 54 State Street, 3rd Floor Albany, New York 12207 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.

SIGNATURE:  Richard A. Glickman 8/30/06 917-981-6170
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #