2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Jan 20, 2000 8:00 am Secretary of State DOCUMENT # **F98000000300** 1. Entity Name PROFUNDUS HOLDINGS, INC. 01-20-2000 90153 011 ***150.00 Principal Place of Business Mailing Address ATTN: EDWARD TANENBAUM ATTN: EDWARD TANENBAUM 90 PARK AVENUE 90 PARK AVENUE NEW YORK NY 10016 NEW YORK NY 10016-1301 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 13-3140621 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Delete TITLE TANENBAUM, EDWARD NAME STREET ADDRESS STREET ADDRESS 90 PARK AVENUE CITY-ST-ZIP CITY-ST-ZIE **NEW YORK NY** ☐ Delete ☐ Addition Change TITLE TITLE POHL, TIMOTHEUS NAME NAME STREET ADDRESS STREET ADDRESS 90 PARK AVENUE City-St-ZIP CITY-ST-ZIP **NEW YORK NY** ☐ Additi Change | Delete TITLE NAME BAUMBACH, ERICH VON NAME STREET ADDRESS STREET ADDRESS **BELZERSTRASSE 9** CITY-ST-ZIP CITY-ST-ZIP D55216 INGELHEIM AM RHEIN GE ☐ Change TITLE ☐ Delete TITLE HUBER, GERHARD NAME NAME STREET ADDRESS STREET ADDRESS **GOETHESTRASSE 20** D55411 BINGEN AM RHEIN GE CITY-ST-ZIP CITY-ST-ZIF ☐ Change Delete TITLE TITLE NAME LEPEL, JENS VON STREET ADDRESS STREET ADDRESS AUDLEY FARM-P.O. BOX 510 RT 7 CITY-ST-ZIP CITY-ST-ZIP BERRYVILLE VA 22611 ☐ Change TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 rustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

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