

FILING RECEIPT

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ENTITY NAME : GOVERNORS ISLAND CORPORATION

DOCUMENT TYPE : ASSUMED NAME CERTIFICATE

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FILER:

SIMPSON THACHER & BARTLETT LLP  
425 LEXINGTON AVE.

NEW YORK NY 10017

PRINCIPAL LOCATION

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10 SOUTH STREET  
SLIP 7  
NEW YORK  
NY 10004

COMMENT:

ASSUMED NAME

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THE TRUST FOR GOVERNORS ISLAND

FILED: 07/02/2010  
CASH#: 240516  
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***STATE OF NEW YORK***  
***DEPARTMENT OF STATE***

I hereby certify that the annexed copy has been compared with the original document in the custody of the Secretary of State and that the same is a true copy of said original.



WITNESS my hand and official seal of the Department of State, at the City of Albany, on July 2, 2010.

A handwritten signature in black ink, appearing to read "Daniel E. Shapiro".

Daniel E. Shapiro  
First Deputy Secretary of State

CT-07

20100702002

NYS Department of State  
Division of Corporations, State Records and Uniform Commercial Code  
One Commerce Plaza, 99 Washington Ave,  
Albany, NY 12231-0001  
www.dos.state.ny.us

**Certificate of Assumed Name**  
Pursuant to General Business Law, §130

1. NAME OF ENTITY

Governors Island Corporation

1a. FOREIGN ENTITIES ONLY. If applicable, the fictitious name the entity agreed to use in New York State is:

2. NEW YORK LAW FORMED OR AUTHORIZED UNDER (CHECK ONE):

- Business Corporation Law
- Education Law
- Insurance Law
- Other (specify law):
- Limited Liability Company Law
- Not-for-Profit Corporation Law
- Revised Limited Partnership Act

3. ASSUMED NAME

The Trust for Governors Island

4. PRINCIPAL PLACE OF BUSINESS IN NEW YORK STATE (MUST BE NUMBER AND STREET. IF NONE, INSERT OUT-OF-STATE ADDRESS)

10 South Street, Slip 7  
New York, New York 10004

5. COUNTIES IN WHICH BUSINESS WILL BE CONDUCTED UNDER ASSUMED NAME

ALL COUNTIES (if not, circle county[ies] below)

Albany	Clinton	Genesee	Monroe	Orleans	Saratoga	Tompkins
Allegany	Columbia	Greene	Montgomery	Oswego	Schenectady	Ulster
<u>Bronx</u>	Cortland	Hamilton	Nassau	Otsego	Schoharie	Warren
Broome	Delaware	Herkimer	<u>New York</u>	Putnam	Schuyler	Washington
Cattaraugus	Dutchess	Jefferson	Niagara	<u>Queens</u>	Seneca	Wayne
Cayuga	Erie	<u>Kings</u>	Oneida	<u>Rensselaer</u>	Steuben	Westchester
Chautauqua	Essex	Lewis	Onondaga	<u>Richmond</u>	Suffolk	Wyoming
Chemung	Franklin	Livingston	Ontario	Rockland	Sullivan	Yates
Chenango	Fulton	Madison	Orange	St. Lawrence	Tioga	

6. INSERT THE ADDRESS OF EACH LOCATION WHERE BUSINESS WILL BE CARRIED ON OR TRANSACTED UNDER THE ASSUMED NAME.

Use a continuous sheet, if needed. (The address must be set forth in terms of a number and street, city, state and zip code. Please note that the address(es) reflected in paragraph 6 must be within the county(ies) circled in paragraph 5. If the entity does not have a specific location where it will conduct business under the assumed name please check the statement below.)

10 South Street, Slip 7  
New York, New York 10004

No New York State Business Location

- 1 -

*State of New York*  
**Banking Department**

I, Rosanne Notaro, Deputy Counsel of the State of New York Banking Department, hereby approve, pursuant to the New York General Business Law Section 130(2)(c), the use of the word or a derivative of the word "trust" in THE TRUST FOR GOVERNORS ISLAND the assumed name of Governors Island Corporation.

THE APPROVAL GRANTED HEREIN DOES NOT CONSTITUTE A LICENSE TO ENGAGE IN ANY PARTICULAR ACTIVITY OR INDICATE A DETERMINATION THAT NO SUCH LICENSE IS NECESSARY. IT DOES NOT ITSELF OPERATE TO RESERVE THE NAME WITH THE SECRETARY OF STATE.

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*~~Witness~~, my hand and official seal of the Banking Department at the City of New York,  
this 11<sup>th</sup> day of June the Year two thousand ten.*



*Rosanne Notaro*  
\_\_\_\_\_  
Deputy Counsel

20100702002

INSTRUCTIONS FOR SIGNATURE: If corporation, by an officer, if limited partnership, by a general partner, if limited liability company, by a member or manager or by an authorized person or attorney-in-fact for such corporation, limited partnership, or limited liability company. If the certificate is signed by an attorney-in-fact, include the name and title of the person for whom the attorney-in-fact is acting. (Example, John Smith, attorney-in-fact for Robert Johnson, president.)

Jennifer L. Franklin  
Name of Signer

*Jennifer L. Franklin*  
Signature

Authorized Person  
Title of Signer

CT-07

CERTIFICATE OF ASSUMED NAME  
OF

Governors Island Corporation

(Insert Entity Name)

Pursuant to §130, General Business Law

Filed by: Simpson Thacher & Bartlett LLP  
(Name)

425 Lexington Avenue

(Mailing address)

New York, New York 10017

(City, State and Zip code)

2010 JUL -2 AM 7:22

FILED

NOTE: This form was prepared by the New York State Department of State. You are not required to use this form. You may draft your own form or use forms available at legal stationery stores. The Department of State recommends that all documents be prepared under the guidance of an attorney. The certificate must be submitted with a \$25 fee. The Department of State also collects the following, additional, county clerk fees for each county in which a corporation does or transacts business: \$100 for each county within New York City (Bronx, Kings, New York, Queens and Richmond) and \$25 for each county outside New York City. All checks over \$500 must be certified.

(For office use only)

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STATE OF NEW YORK  
DEPARTMENT OF STATE

FILED JUL 02 2010  
TAX \$ 240516

BY: *JL*

*JL*

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