2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # 300436 Apr 03, 2000 8:00 am Secretary of State BALM ASSOCIATES INCORPORTED 04-03-2000 90200 042 ***150.00 Mailing Address Principal Place of Business 2101 HUNTINGTON AVENUE 2101 HUNTINGTON AVENUE SARASOTA FL 34232-3525 SARASOTA FL 34232 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Applied For City & State 4. FEI Number 06-0957327 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HAFTEL, SEYMOUR Street Address (P.O. Box Number is Not Acceptable) 2101 HUNTINGTON AVENUE SARASOTA FL 34232 Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable. 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. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Change ☐ Addition ☐ Delete TITLE TITLE HAFTEL, MARY ANN NAME NAME STREET ADDRESS 825 LAPLAYE #123 STREET ADDRESS CITY-ST-ZIP SAN FRANCISCO CA CITY-ST-ZIP ☐ Delete Addition TITLE Change HAFTEL, ARNOLD NAME STREET ADDRESS 168 CARRIAGE CRASSING STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIDDLETOWN CT ☐ Addition TITLE ☐ Delete TITLE HAFTEL, CARL NAME NAME 11 RIVERSIDE DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP = CITY-ST-ZIP CROMWELL CT VD ☐ Change Addition ☐ Delete TITLE TITLE MYERS, JOAN NAME NAME 34 MARTHA RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **ORINDA CA** ☐ Change ☐ Addition ☐ Delete TITLE TITLE HAFTEL, SEYMOUR NAME NAME 2101 HUNTINGTON AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

changed, or on an attachment with an address, with all other like empowered.

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 11 or Block 12 if

CITY-ST-ZIP