2001 UNIFORM BUSINESS REPORT (UBR)

Apr 11, 2001 8:00 am Secretary of State **DOCUMENT # 726722** 04-11-2001 90078 047 ****61.25 DISC VILLAGE, INC. Principal Place of Business Mailing Address 3333 WEST PENSACOLA STREET 3333 WEST PENSACOLA STREET TALLAHASSE FL 32304-2800 TALLAHASSE FL 32304-2800 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-1491338 Not Applicable Zip Country Country \$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 Street Address (P.O. Box Number is Not Acceptable) OLK, THOMAS K. 2683 S HANNON HILLS DRIVE TALLAHASSE FL 32301 City Zip Code 8. The above named entity submits this state purpose of changing its registered office or registered agent, or both, in the state of Florida 4/4/01 SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE **FILE NOW:** 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. **FEE IS \$61.25** Added to Fees **Department of State** OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. Board Memeber X Addition TITLE Delete TITLE ☐ Change ALOI, JOSEPH J NAME NAME John McCue STREET ADDRESS 524 APPLEYARD DR STREET ADDRESS 95 McCallister Road CITY-ST-ZIP CITY-ST-7IP TALLAHASSEE FL 32304 Tallahassee, FL 32327 VSD ☐ Change TITLE ☐ Delete TITLE ■ Addition CZAJKOSKI, EUGENE, PH.D. NAME NAME STREET ADDRESS STREET ADDRESS 2340 KILKENNEY E CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL TITLE Delete TITLE Change ☐ Addition LIANG, JEFF NAME NAME STREET ADDRESS STREET ADDRESS P.O. BOX 12121 N/A CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL TITLE □ Delete TITLE ☐ Change ☐ Addition PATTERSON, TODD STREET ADDRESS 2700 CLINE STREET STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TALLAHASSEE FL 32312 TITLE Delete Change ☐ Addition BUTLER, EDWARD J NAME NAME STREET ADDRESS PO BOX 903 STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP HAVANA FL 32333 TITLE Delete TITLE ☐ Change ☐ Addition OIK, THOMAS, K., NAME NAME STREET ADDRESS 3333 W. PENSACOLA ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL

12. 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 trustee empowered to execute this report as required by Chapter 617, 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:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF BARECTOR

4401

850-575-4388

Daytime Phone #