2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 27, 2001 8:00 am Secretary of State **DOCUMENT # H11389** 1. Entity Name EQUICORP FINANCIAL, INC. 04-27-2001 90387 038 ***150.00 Principal Place of Business Mailing Address 7188 MANDARIN DRIVE 7188 MANDARIN DRIVE BOCA RATON FL 33433 **BOCA RATON FL 33433** 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2435125 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 RODSTEIN, MARC Street Address (P.O. Box Number is Not Acceptable) 7188 MANDARIN DRIVE **BOCA RATON FL 33433** 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-instating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. PDT ☐ Delete TITLE THRE Change Addition RODSTEIN, MARC NAME NAME 7188 MANDARIN DRIVE STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP BOCA RATON FL DSM Delete Addition TITLE TITLE Change MARCUS, STUART B NAME NAME STREET ADDRESS 772 NE 75TH ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** DITTE ☐ Delete TITLE ☐ Change Addition NAME NAME STREE! ADDRESS STREET ADDRESS CITY-ST-7iP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME MAMA STREET ADDRESS STREET ADDRESS CITY-ST-7IP CDY-ST-21P TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - SY - 712 CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 reveiver 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 changed, or on an article with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR