2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # J01620** Apr 03, 2000 8:00 am Secretary of State 1. Entity Name SYMONS INTERNATIONAL GROUP, INC. 04-03-2000 90157 040 ***150.00 Principal Place of Business Mailing Address 5900 N.ANDREWS AVE 800 4720 KINGS WAY DRIVE FT LAUDERDALE FL 33309 INDIANAPOLIS IN 46205-1543 2. Principal Place of Business 3. Mailing Address 4720 Kingsway Drive 21517 WOODSTREAM TERRACE Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE BOCA RATON City & State Applied For 4. FEI Number 59-2667118 Not Applicable 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 STANTON, JEFF Street Address (P.O. Box Number is Not Acceptable) 5900 N. ANDRES AVE. STE. 800 FT LAUDERDALE FL 33309 Zip Code City 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 reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TIT) E Change Addition ☐ Delete TITLE SYMONS, G. GORDON NAME NAME STREET ADDRESS 4720 KINGSWAY DR STREET ADDRESS CITY-ST-ZIP **INDIANAPOLIS IN 46205** CITY-ST-7IF ☐ Addition ☐ Delete TITLE Change SYMONS, DOUGLAS H. NAME NAME STREET ADDRESS 4720 KINGSWAY DR. STREET ADDRESS CITY-ST-ZIP INDIANAPOLIS IN CITY-ST-ZIP VTD Change ☐ Addition ☐ Delete SYMONS, ALAN G NAME NAME STREET ADDRESS 4720 KINGSWAY RD STREET ADDRESS CITY-ST-ZIF INDIANAPOLIS IN CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS DITI: ST-ZIP CITY-ST-7IP

13. Thereby certify that the information supplied with this filling 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 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/6/00

317-259-6420

Daytime Phor