2000 UNIFORM BUSINESS REPORT (UBR) FILED Apr 25, 2000 8:00 am Secretary of State DOCUMENT # **L46584** 1. Entity Name KONOVER DEVELOPMENT SOUTH CORP. 04-25-2000 90094 048 ***150.00 Principal Place of Business Mailing Address 7000 W. PALMETTO PARK RD. % COHEN, GERSHMAN & WAKIM, P.C. **SUITE #408** 2410 ALBANY AVENUE WEST HARTFORD CT 06117-2501 BOCA RATON, FL 33433 US 3. Mailing Address 2. Principal Place of Business /o Konover & Associates South, Inc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite 408 City & State City & State 4. FEI Number Applied For 65-0169181 Boca Raton, FL Not Applicable Country 7in Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 63433 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 Zip Code Fί 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, 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 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. \Box 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 OFFICERS AND DIRECTORS 11. 12. CDP ☐ Addition CD [X] Change TITLE Delete TITLE KONOVER, SIMON NAME NAME STREET ADDRESS STREET ADDRESS 7000 W PALMETTO PARK RD CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** ☐ Change X Addition TITLE 🔀 Delete TITLE Ralph Edward McWhorter WAKIM, JAMES 🗦 NAME NAME 7000 West Palmetto Park Road, Suite 408 STREET ADDRESS STREET ADDRESS. 2410 ALBANY AVE Boca Raton, FL-33433 -CITY-ST-ZIP CITY-ST-ZIP WEST HARTFORD, CT 06117 □ Change **X** Delete TITLE Addition TITLE VINHAIS, SUSAN W NAME NAME Sandra Silvay 342 North Main Street, Suite 200 STREET ADDRESS STREET ADDRESS 2410 ALBANY AVENUE CITY-\$T-ZIP CITY-ST-ZIP West Hartford, CT 06117 WEST HARTFORD, CT 06117 X Addition 💢 Delete ☐ Change TITLE TITLE Ralph Chernin LILJEDAHL, RICHARD C NAME NAME STREET ADDRESS 7000 West Palmetto Park Road, Suite 408 STREET ADDRESS 2410 ALBANY AVE. CITY-ST-ZIP CITY-ST-ZIP WEST HARTFORD CT 06117 Boca Raton, FL 33433 ۷P ☐ Channe ▼ Addition TITLE Delete TITLE NAME KONOVER, THEODORE NAME Joseph J. Sposito STREET ADDRESS 7000 W. PALMETTO PARK ROAD STREET ADDRESS 342 North Main Street, Suite 200 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON, FL 33433** Wëst Hartford, CT 06117 Delete Change X Addition TITLE TITLE NAME COPPA, JANE K NAME Kristen Mirrione

13. I hereby 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 supplimental 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 receive of 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

2410 ALBANY AVENUE

WEST HARTFORD, CT 06117

STREET ADDRESS

SIGNATURE AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Kristen-Mirrione, Treasurer

10/00 (5(1)394-4224 Date Date Dayline Phone #

7000 West Palmetto Park Road, Suite 408

Boca Raton, FL 33433