2001 UNIFORM BUSINESS REPORT (UBR)

Apr 23, 2001 8:00 am Secretary of State **DOCUMENT # P28051** 1. Entity Name ED FRIEND, INC. 04-23-2001 90087 010 ***150.00 Principal Place of Business Mailing Address 1150 18TH STREET, NW 1150 18TH STREET, NW SUTE 225 SUITE 225 WASHINGTON DC 20036 WASHINGTON DC 20036 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 52-1659394 Not Applicable Zip Country Zip 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 FRIEND, EDWARD H Street Address (P.O. Box Number is Not Acceptable) 16569 BAYVIEW RD #122 **BOCA RATON FL 33434** 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 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, 2001 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. PTD ☐ Change ☐ Addition ☐ Delete TITLE TITLE FRIEND, EDWARD H. NAME STREET ADDRESS 1150 18TH STREET #225 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WASHINGTON DC 20036 ☐ Addition TITLE Delete TITLE ☐ Change FRIEND, ELEANOR B. NAME NAME STREET ADDRESS STREET ADDRESS 1150 18TH STREET #225 CITY-ST-ZIP CITY-ST-ZIP WASHINGTON DC 20036 ☐ Delete Change ☐ Addition TITLE TITLE crouder, AN. NAME Crowder, A. N NAME 159 ENGT AVE STREET ADDRESS STREET ADDRESS **6 CANOE TRAIL** NEW CANALN, CT. 06840 CITY-ST-ZIP CITY-ST-ZIP DAVIEN CT 06820 Change Addition TITLE Delete McCRORY ROBERT T. TITLE MCCRORY, ROBERT T NAME NAME 1532 E. MLGRAW St. STREET ADDRESS STREET ADDRESS 3131 BROADWAY E CITY-ST-ZIP SEATTLE, WA 98112. CITY-ST-ZIP SEATTLE WA 98102 Addition ☐ Change TITLE TITI F ☐ Delete McCrory, Kari F NAME NAME 1532 E. MCGRAW St. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SCATTLE, WA. 98112 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

SIGNATURE AND TYPED OR PINNTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

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 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

SIGNATURE: