2000 UNIFORM BUSINESS REPORT (UBR) **FILED** May 17, 2000 8:00 am Secretary of State DOCUMENT # **P95000066499** 1. Entity Name FIRSTRUST INVESTMENTS, INC. 05-17-2000 90981 007 ***150.00 Principal Place of Business Mailing Address 801 N CONGRESS AVE 801 N CONGRESS AVE #905 BOYNTON BEACH FL 33426-3334 **BOYNTON BEACH FL 33426** 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0614736 Not Applicable Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent -- 6. Name and Address of Current Registered Agent O'SULLIVAN, SHAWN M Street Address (P.O. Box Number is Not Acceptable) 801 N CONGRESS AVE #905 JFN 33426 BOYNTON BÉACH Zip Code City Its this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named ted name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) Signature, typed or pri 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 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. D VPS ★ Addition DVS Delete TITLE TITLE O'SULLIVAN, SHAWN M NAME WIVOLIN, HEIDI NAME STREET ADDRESS 801 N CONGRESS AVENUE, # 905 801 N CONGRESS AVE #905 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOYNTON BEACH FL 33426** BOYNTON BEACH FL 33426 Addition XX Change DVS TITLE IDPT TITLE PERRON, SCOTT D NAME O'SULLIVAN, SHAWN M. NAME STREET ADDRESS STREET ADDRESS 801 N CONGRESS AVE #905 801 N CONGRESS AVENUE, # 905 **BOYNTON BEACH FL 33426** CITY-ST-ZIP CITY-ST-7iP BOYNTON BEACH. FL 33426 ☐ Change ☐ Addition TITLE Delete TITLE 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 TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME NAME

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 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 inetrective 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 attackment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

Changed, or on all attackment with all address, with all other like empowered.

STREET ADDRESS

SIGNATURE:

SHAWN M. O'SULLIVAN
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1900 (561) 742-444