FILED 2000 UNIFORM BUSINESS REPORT (UBR) May 04, 2000 8:00 am Secretary of State DOCUMENT # P99000109178 05-04-2000 90106 024 ***150.00 FLA-WBOCA, INC. Principal Place of Business Mailing Address 222 LAKEVIEW AVE., 17TH FLOOR 222 LAKEVIEW AVE.,17TH FLOOR WEST PALM BEACH FL 33401 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 65-0968159 Not Applicable Country \$8.75 Additional 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 Name REGSERV CORP. Street Address (P.O. Box Number is Not Acceptable) 222 LAKEVIEW AVE., 17TH FLOOR WEST PALM BEACH FL 33401 Zip Code FL nging its registered office or registered agent, or both, in the State of Florida. 8. The abovi Regsery Corp. Mark Nussbaum, Vice President (NOTE: Registered Agent signature required when reinstating) 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 (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (9/99) Addition D ☐ Delete TITLE TITLE D Mark A. Ferrucci NAME NAME RENDINA, BRUCE A CT Corporation System STREET ADDRESS STREET ADDRESS 222 LAKEVIEW AVE., 17TH FLOOR 1209 Orange Street CITY-ST-7IP CITY-ST-ZIP WEST PALM BEACH FL 33401 Wilmington, DE 19801 ☐ Change **X** Addition ☐ Delete TITLE VP/S/T TITLE Patrick J. DiSalvo NAME NAME 222 Lakeview Avenue, 17th Floor STREET ADDRESS STREET ADDRESS West Palm Beach, FL 33401 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME

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 true exempowered 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:

STREET ADDRESS

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Patrick J. DiSalvo 4/27/00 (SU) 655-90
Vice President Date Daytime Phone #