## 2000 UNIFORM BUSINESS REPORT (UBR)

## FILED DOCUMENT # F9500004961 May 31, 2000 8:00 am Secretary of State 1. Entity Name ALEXANDRE LONDON, INC. 05-31-2000 90060 020 \*\*\*150.00 Mailing Address Principal Place of Business NAVY RESALE ACTIVITY 300 EAST MAIN STREET NORFOLK NAVAL BASE, CD STE 1400 NORFOLK VA 23510-1731 NORFOLK VA 23511 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Applied For City & State 4. FE! Number 54-1562612 Not Applicable Country Zip Country \$8.75 Additional Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City FL 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) 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. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. TITLE ☐ Delete TITLE Change Addition NAME MAWBY, JOHN NAME STREET ADDRESS STREET ADDRESS GRANARY BUILDING, 1 CANAL WHARF CITY-ST-ZIP LEEDS LS11 5BB, CITY-ST-ZIP WEST YORKSHIRE Leeds LS11 5B ☐ Addition Delete TITLE ☐ Change TITLE NAME SMITH, GRAHAM NAME STREET ADDRESS STREET ADDRESS GRANARY BUILDING, 1 CANAL WHARF CITY-ST-ZIP CITY-ST-7IP LEEDS L3 x Change ☐ Addition PD ☐ Delete TITLE TITLE LUCAS, PETER NAME NAME GRANARY BLD., 1 CANAL WHARF STREET ADORESS STREET ADDRESS GRANARAY BLD., 1 CANAL WHARF CITY-ST-ZIP CITY-ST-ZIP LEEDS LS11 5BB WEST YORKSHIR ☐ Change Addition ☐ Delete TITLE TITLE NAME SPENCER, DAVID R STREET ADDRESS STREET ADDRESS WILHELM-NAGEL-STR 51 CITY-ST-ZIP CITY-ST-ZIP 71642 LUDWIGSBURG GE X Change ■ Addition ☐ Delete TITLE NAME BEST, CHARLES W III NAME 300 E. MAIN STREET, STE 1400 STREET ADDRESS STREET ADDRESS 300 E MAIN ST STE 1330 NORFOLK, 23510 CITY-ST-ZIP CITY-ST-ZIP NORFOLK VA ☐ Addition x Change VP-S ☐ Delete TITLE TITLE NAME NAME ASHBY, KEITH STREET ADDRESS STREET ADORESS 4228 SUMMIT MANOR CT 206 22033 FAIRFAX, VΑ CITY-ST-7IP CITY-ST-ZIP FAIFFAX VA 22033 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 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. Charles W. Best, III

(757)624-1800

Daytime Phone #

Secretary

SIGNATURE AND TYPED OR PRINTED MAN OF SIGNING OFFICER OR DIRECTOR