| FEI Number: 52-2268223 | | Certificate of Status Desired: No | | |
|--|--|-----------------------------------|--|------------|
| Name and Address of Current Registered Agent: | | | | |
| UNITED AGENT GROUP INC. 801 US HWY 1 NORTH PALM BEACH, FL 33408 US | | | | |
| 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: JON-MICHAEL SANCHEZ, SPECIAL SECRETARY | | | | 04/26/2024 |
| | Electronic Signature of Registered Agent | | | Date |
| Officer/Direc | ctor Detail : | | | |
| Title | DIRECTOR / PRESIDENT | Title | ASSISTANT TREASURER | |
| Name | MOORE, ANDREW | Name | MOCOGNI, SHAWNA | |
| Address | 480 WASHINGTON BLVD. | Address | 100 BEARD SAWMILL ROAD, 1S ⁻ FLOOR | г |
| City-State-Zip: | JERSEY CITY NJ 07310 | City-State-Zip: | SHELTON CT 06484 | |
| Title | ASSISTANT TREASURER | Title | SECRETARY | |
| Name | DAVIS, PATRICK | Name | FROMBERG, ROBERT | |
| Address | 100 BEARD SAWMILL ROAD, 1ST FLOOR | Address | 480 WASHINGTON BLVD. | |
| City-State-Zip: | SHELTON CT 06484 | City-State-Zip: | JERSEY CITY NJ 07310 | |
| Title | DIRECTOR | Title | ASSISTANT TREASURER | |
| Name | OLDFIELD, NICHOLAS | Name | GRUBER, CATHERINE | |
| Address | 100 BEARD SAWMILL ROAD, 1ST FLOOR | Address | 100 BEARD SAWMILL ROAD, 1S FLOOR | г |
| City-State-Zip: | SHELTON CT 06484 | City-State-Zip: | SHELTON CT 06484 | |
| Title | ASSISTANT TREASURER | Title | TREASURER | |
| Name | CLEMONS, GREGORY | Name | CHASSE, JEFFREY | |
| Address | 150 ROYALL STREET | Address | 150 ROYALL STREET | |
| City-State-Zip: | CANTON MA 02021 | City-State-Zip: | CANTON MA 02021 | |
| | | | | |

2024 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F2000000667

Entity Name: COMPUTERSHARE GOVERNANCE SERVICES INC.

Current Principal Place of Business:

100 BEARD SAWMILL ROAD, 1ST FLOOR SHELTON, CT 06484

Current Mailing Address:

100 BEARD SAWMILL ROAD, 1ST FLOOR SHELTON, CT 06484 US

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT FROMBERG

SECRETARY, BY JON-MICHAEL SANCHEZ ATTORNEY-IN-FACT

04/26/2024

Electronic Signature of Signing Officer/Director Detail

FILED Apr 26, 2024 Secretary of State 4890009962CC