## FILED Apr 28, 2003 8:00 am Secretary of State 04-28-2003 91436 037 \*\*\*150.00

| FOR F   | PROFIT | CORPO  | RATIO | N     |
|---------|--------|--------|-------|-------|
| INIFORM | BUSIN  | ESS RE | PORT  | (UBR) |

| 4 Entity Non  | MENT# 49636:<br>Field Homes (<br>Comp  | `   |  | 70050359  |  |  |  |
|---|--|---|--|---|--|--|--|
| 2. Principal P  | DO NOT WRITE  Place of Business  South Park Circle   | IN THIS SR<br>3. Mailing Address<br>1 Campus Driv     |  |   |  |  |  |
| Suite, Apt. #, etc.  City & State   |  | Suite, Apt. #, etc. 3 B Legal Department City & State |  | DO NOT WRITE IN THIS SPACE  4. FEI Number Applied For |  |  |  |
| Orlan<br>Zip<br>32819   | do, FL Country USA   | Parsippany, N<br>Zip<br>07054                         | Country<br>USA   | 5. Certificate of Status Desired See Required         |  |  |  |
|   |  |   | \$0%   | 7. Name and Address of Current Registered Agent       |  |  |  |
|   | BO:NOT:W   | этсж  |  | poration Service Company                              |  |  |  |
|   |  |   | Street Address   | (P.O. Box Number is Not Acceptable)                   |  |  |  |
| IN和HS SPACE : 1201 Hays Street  |  |   |  |   |  |  |  |
|   |  |   | City:  | lahassee FL Zin Cook                                  | 0.1                                      |  |  |
| 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. I am familiar with, and accept the obligations of registered agent. |  |   |  |   |  |  |  |
| SIGNATURE .   | Signature, typed or printed name of registered egent ar  | d title if applicable (NOTE Re                        | egistered Agent signature require  | ed when reinstating) DATE                             |  |  |  |
|   | uary 1: May 1; Fee is \$150.00 \$2<br>After May 1; Fee is \$550.00<br>Amended UBR is \$61.25<br>Payable to Florida Department of | late 3  |  |   | O May Be<br>to Fees                      |  |  |
| 10.   | OFFICERS AND D   | IRECTORS  | VII. (A.) (A.) (A.)  | FERT CO. PR. LING BLAND TO SEE STATE OF THE CO.       | 5.40 % <b>1</b> 76                       |  |  |
| NAME STREET ADDRESS   | Director/EVP<br>James E. Buckman<br>9 West 57th Street   | , 37th Floor  | NAMES STREET ADDRESS   |   |  |  |  |
| CITY-ST-ZIP   | New York, NY 10019<br>Director/CEO   |   | HITEC STATE  |   | 340 7 <b>0</b> 2                         |  |  |
| NAME  | Stephen P. Holmes  |   | AAME - LA  |   |  |  |  |
| STREET ADDRESS<br>CITY-ST-ZIP   | l Campus Drive<br>Parsippany, NJ 070   | 54  | CITY-ST-ZIP  |   |  |  |  |
| TITLE<br>NAME   | Director/  |   |  |   | - 計画                                     |  |  |
| STREET ADDRESS  | I I Campus Diive   |   | SINET ADDRESS  | DO NOT WRITE  |  |  |  |
| CITY-ST-ZIP   | Parsippany, NJ 07054   |   | CITY-STATE   |   | 10 10 10 10 10 10 10 10 10 10 10 10 10 1 |  |  |
| NAME  | Vice President<br>  Joseph Huber   |   | TITLE?   | IN THIS SPACE   |  |  |  |
| STREET ADDRESS<br>CITY-ST-ZIP   | 1 Campus Drive<br>Parsippany, NJ 07054   |   | STREET ADDRESS   |   |  |  |  |
| NAME<br>STREET ADDRESS.<br>CITY-ST-ZIP  | President<br>Franz S. Hanning<br>8427 South Park Ci<br>Orlando, FL 32819   |   | RAME CO.<br>STREET ADDRESS.<br>OIN ST-200  |   |  |  |  |
| TITLE NAME  STREET ADDRESS CITY-ST-ZIP  | Secretary/EVP<br>Eric J. Bock<br>9 West 57th Street<br>New York, NY 10019  | ; 37th Floor  | MAME STREET AUGHESS CITY STREET AUGHESS CITY STREET AUGHESS CITY STREET AUGHESS CONTRACTOR AUGHEST AUG |   |  |  |  |

12. 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 eath; 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/63

Daytime Phone #