FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State DIVISION OF CORPORATIONS **19**98 DOCUMENT # 497555 (3)MELDISCO K-M BEACON WOODS DR., FLA., INC. #2185 Principal Place of Business Mailing Addross 12412 U.S. 19 933 MACARTHUR BLVD HUDSON FL 33567 MAHWAH NJ 07430-2045 2. Principal Place of Business 2a. Mailing Address 21 Suite, Apt. #, etc. Suite, Apt. #, etc. 22 27 City & State City & State 23 28 Zip Country Country 24 30 25 29 9. Name and Address of Current Registered Agent 81 Name UNITED STATES CORPORATION COMPANY 1201 HAYES STREET 82 STE. 105 83

FILED May 14 1998 8:00am Secretary of State

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 02/26/1976 4. FEI Number Applied For 22-2106920 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible **Z** Yes Personal Property Tax due June 30. 10. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32301 84 City 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both in the State of Horida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typicd or printed name of registered agent and title if applicable (NOTE_Registered Agent signature required when reinstating) DATE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE 1.1 TITLE Change Addition TITLE SHEPARD, JEFFREY NAME 12 NAME 933 MACARTHUR BLVD. 1.3 STREET ADDRESS STREET ADDRESS MAHWAH NJ CITY-ST-ZIP 1.4 CITY - ST - ZIP DELFTE Change Addition 2.1 TITLE TITLE PALIZZI, ANTHONY NAME 2.2 NAME 3100 W.BIG BEAVER 2.3 STREET ADDRESS STREET ADDRESS TROY MI CITY-ST-ZIP 2.4 CITY-S1-ZIP DELETE Change Addition TITLE 3.1 TITLE PROFFITT, RANDALL S. NAME 3.2 NAMI **933 MACARTHUR BLVD.** 3.3 STREET ADDRESS STREET ADDRESS MAHWAH NJ 34. DITY-ST-7IP CITY-ST-ZIP DELETE 4.1 TITLE AT Change Addition TITLE KAKAR, MANOHAR 4 2 NAME NAME MARK JOHNSON 933 MACARTHUR BLVD. 4.3 STREET ADDRESS STREET ADDRESS MAHWAH NJ 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE WOJNO, THOMAS 5.2 NAME NAME 933 MACARTHUR BLVD. STREET ADDRESS 5.3 STREET ADDRESS MAHWAH, NJ. CITY-ST-ZIP 5.4 CHY-ST-7IP DELETE Change Addition TITLE 61 THILE NAME RICHARDS, MAUREEN 6.2 NAME 933 MACARTHUR BLVD. 6.3 STREET ADDRESS STREET ADDRESS MAHWAH NJ CITY-ST-ZIP

14. Thereby 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 armust report or supplemental amount 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 12 or Block 13 if changed, or on an apactument with an address S 1358/2010 934-2000 Block 12 or Block 13 if changed, or on an a