

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Apr 27, 2001 08:00 AM**  
**Secretary of State****DOCUMENT # 513946**1. Entity Name  
DOW-WARNER INC.**Principal Place of Business**2801 PONCE DE LEON BLVD  
STE 455  
CORAL GABLES  
33134  
US**Mailing Address**2801 PONCE DE LEON BLVD  
STE 455  
CORAL GABLES  
33134  
US**2. Principal Place of Business****3. Mailing Address**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

**4. FEI Number****59-1690974**

Applied For

Not Applicable

**5. Certificate of Status Desired****\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent**BRENNAN, JAMES R.  
2801 PONCE DE LEON BLVD  
STE 455  
CORAL GABLES  
33134  
US

FL

**7. Name and Address of New Registered Agent**

Name

BRENNAN, JAMES R.

Street Address (P.O. Box Number is Not Acceptable)

4400 SAN AMARO DRIVE

City

CORAL GABLES

FL

Zip Code  
33146

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)

**04/27/2001**

DATE

9. This corporation is eligible to satisfy its Intangible  
Tax filing requirement and elects to do so.  
(See criteria on back)**FILE NOW!!! FEE IS \$150.00****After MAY 1, 2001 Fee will be \$550.00****Make Check Payable to Department of State**10. Election Campaign Financing  
Trust Fund Contribution.**\$5.00** May Be  
Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	VST	<input type="checkbox"/> Delete
NAME	VACCA, MARIE	
STREET ADDRESS	2801 PONCE DE LEON BLVD STE 455	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	BRENNAN, JAMES R.	
STREET ADDRESS	2801 PONCE DE LEON BLVD STE 455	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	VST	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	VACCA, MARIE		
STREET ADDRESS	4400 SAN AMARO DRIVE		
CITY-ST-ZIP	CORAL GABLES FL 33146		
TITLE	P	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BRENNAN, JAMES R.		
STREET ADDRESS	4400 SAN AMARO DRIVE		
CITY-ST-ZIP	CORAL GABLES FL 33146		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

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 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.

**SIGNATURE: JAMES R. BRENNAN**

P

**04/27/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)