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PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 602726

1. Corporation Name
COOPER, MOODY, ALTSCHULER, CHIZNER, DENNIS AND N IEDERMAN, INC.

Principal Place of Business	Mailing Address
3536 N. FEDERAL HWY. FT LAUDERDALE FL 33308-3223	3536 N. FEDERAL HWY. FT LAUDERDALE FL 33308-3223

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 03/16/1971

2. Principal Place of Business 21	2a. Mailing Address 26 1850 Gateway Drive	4. FEI Number: 59-1348026	☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 Suite 500	5. Certifcate of Status Desired ☒	$8.75 Additional Fee Required
City & State 23	City & State 28 San Mateo, CA	6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
Zip / Country 24 / 25	Zip / Country 29 94404 / 30 USA	8. This corporation owes the current year Intangible Personal Property Tax.	☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
COOPER, H.R. 3536 N. FEDERAL HWY. FORT LAUDERDALE FL 33308	81 Name: NRAI Services, Inc. 82 Street Address (P.O. Box Number is Not Acceptable): 526 E. Park Avenue 83 84 City: Tallahassee FL 85 Zip Code: 32301

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 Florida. 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: C. Beck VP — 3/18/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	Thiry, Kent J.	☐ Change ☒ Addition
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ZUMWALT, LEANNE M		2.2 NAME		
STREET ADDRESS	1850 GATEWAY DR		2.3 STREET ADDRESS		
CITY-ST-ZIP	SAN MATEO CA		2. 4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	NEHRALT, JOHN		3.2 NAME		
STREET ADDRESS	1850 GATEWAY DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	SAN MATEO CA		3.4. CITY-ST-ZIP		
TITLE	D	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BLACKWELDER, ERNEST A		4. 2 NAME		
STREET ADDRESS	1850 GATEWAY DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	SAN MATEO CA		4.4 CITY-ST-ZIP		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (11/98)

14. 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 annual report or supplemental annual 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 attachment with an address, with all other like empowered.

SIGNATURE: LeAnne Zumwalt REQUIRED LeAnne Zumwalt VP — 3/22/99 — (650)577-5700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #