SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SELIE. AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25). NONPROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 4998 DIVISION OF CORPORATIONS DOCUMENT # 733514 (4) 98 NOV 17 PM 2: 18 EPSILON ZETA OF SIGMA CHI, INC. SECRETARY OF STATE Principal Place of Business Mailing Address 1415 E PIEDMONT DRIVE 1415 E PIEDMONT DR 3. Date Incorporated or Qualified SUITE 4 08/06/1975 TALLAHASSEE FL 32312 TALLAHASSEE FL 32312 4. FEI Number Applied For US 59-0447428 Not Applicable 2. Principal Place of Business 2a. Mailing Address \$8.75 Additional 5. Certificate of Status Desired 21 26 Fee Required Suite, Apt. #, etc. Suite, Apt. #, etc. Election Campaign Financing \$5.00 May Be 22 27 Trust Fund Contribution Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? 23 28 Yes No Zip Country Country This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BENTON, RICHARD E Street Address (P.O. Box Number is Not Acceptable) 82 1415 E PIEDMONT DRIVE 83 SUITE 4 TALLAHASSEE FL 32312 84 City 85 Zip Code 11. Pursuant to the provisions of sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE 1,1 111115 Change Addition DELETE TPD NAME FERRELL, CARL E. J 1.2 NAME Ferrell, Carl E. 2021 W. RANDOLPH 1367 MAHAN DRIVE STREET ADDRE 1.3 STREET ADDRESS circle TALLAHASSEE FL CITY-ST-ZIP 1.4 CITY-ST-ZIF Tallahassee, FL 3231732312 TITLE 2.1 TITLE DELETE Addition 400002691814 RICHMOND, RONALD R. 2.2 NAME NAME -11/19/98--01083--001 1435 E PIEDMONT DR #201 STREET ADDRESS 2.3 STREET ADDRESS *****61.25 TALLAHASSEE FL *****61 CITY-ST-ZIP 2.4 CITY-ST-ZIF 3.1 TITLE TITLE DELETE TAGGERT, F. MICHAEL 3.2 NAME NAME 6863 BUCK LAKE ROAD STREET ADDRESS 3.3 STREET ADDRESS TALLAHASSEE FL CITY-ST-ZIP 3.4 CITY-ST-ZIP 4.1 TITLE TITLE DELETE Change Addition THOMAS, MICHAEL J. WILKINSON, BEN J NAME 4.2 NAME 111 N. Calhoun ST. 1018 THOMASVILLE ROAD, SUITE 200-A 4.3 STREET ADDRESS tallahassee FL talluhassee ,FL 32301 4.4 CITY-ST-ZIP CITY-ST-ZIP TILE 5.1 TITLE DELETE Change Addition BENTON, RICHARD E 5.2 NAME 1415 E PIEDMONT DR #4 STREET ADDRESS 5.3 STREET ADDRESS TALLAHASSEE FL CITY-ST-ZIF 5.4 CITY-ST-ZIF TITLE 6.1 TITLE Change DELETE Addition NAME 6.2 NAME

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STREET ADDRESS

CITY-ST-ZIP

8-20 88

(850)386-7753