2005 FOR PROFIT CORPORATION

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

NAME

4415 FIFTH AVE. PITTSBURGH, PA 15213

CONNOR, DIANE

PITTSBURGH, PA

4415 5TH AVE

Apr 28, 2005 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT #832075** 04-28-2005 90161 019 ***150.00 NATIONAL DEVELOPMENT CORPORATION OF FLORIDA Principal Place of Business Mailing Address 4415 5TH AVE. 4415 5TH AVE. PITTSBURGH, PA 15213 PITTSBURGH, PA 15213 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04182005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 25-1203385 Not Applicable Zip Country \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ANSBACHER, LEWIS 5150 BELFORT ROAD **BUILDING 100** JACKSONVILLE, FL 32256 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. 4-22-05 DATE JAMOS R Allew SIGNATURE voed or primed name of registered agent and title il applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Change Addition D Delete TITLE NAME BASKIN, SEYMOUR MAME STREET ADDRESS STREET ADDRESS 4415 FIFTH AVE. PITTSBURGH, PA CITY-ST-ZIP CITY-ST-ZIP PD Change ☐ Addition ☐ Delete THRE TITLE ALLEN, JAMES NAME NAME STREET ADDRESS STREET ADDRESS 1001 THIRD AVE. W. SUITE 410 BRADENTON, FL 34205 CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition ☐ Delete TITLE TITLE NAME KREUTZER, KAREN NAME STREET ADDRESS 4415 FIFTH AVE. STREET ADDRESS CITY-ST-ZIP PITTSBURGH, PA 15213 CITY-ST-ZIP Change ☐ Addition ☐ Delote TITLE BALSINGER, WILLIAM NAME NAME 4415 FIFTH AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PITTSBURGH, PA 15213 CITY-ST-ZIP Charge ☐ Addition ☐ Delete TITLE NAME BELLINO, KATHLEEN NAME

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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition

CITY-ST-ZIP

TITLE

NAME

☐ Defete

Katheren Bellino 4/18/05