2001 UNIFORM BUSINESS REPORT (UBR)

Mar 02, 2001 8:00 am Secretary of State **DOCUMENT # 833461** 1. Entity Name CANNON FLORIDA, INC. 03-02-2001 90086 044 ***150.00 Principal Place of Business Mailing Address ONE INDEPENDANT DRIVE 2170 WHITEHAVEN RD. SUITE 302 ATTN: ACCOUNTING **GRAND ISLAND NY 14072** JACKSONVILLE FL 32202 IIS. 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 43-0188830 Not Applicable Zip Country Zip Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 City Zip Code 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) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE Change ☐ Addition CR2E034 (10/00) ☐ Delete NIKOLAJEVICH, GEORGE Z. NAME NAME STREET ADDRESS STREET ADDRESS ONE CITY CENTRE CITY-ST-ZIP CITY-ST-ZIP ST.LOUIS MO VD ☐ Delete TITLE ☐ Change Addition TITLE TURNER, M K NAME NAME STREET ADDRESS ONE CITY CENTRE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST. LOUIS MO ☐ Delete Change ☐ Addition TITLE TITLE CARLSON, RICHARD E NAME NAME STREET ADDRESS ONE CITY CENTRE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST LOUIS MI ☐ Delete TITLE Change Addition TITLE MILLER, GARY R NAME NAME 2170 WHITEHAVEN ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP GRAND ISLAND NE ☐ Delete TITLE Change Addition TITLE **ALLAN M PINCHOFF** NAME NAME STREET ADDRESS 2170 WHITEHAVEN ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP GRAND ISLAND NE TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-23-01

716/774-3320

Daytime Phone #

FILED