

2000 UNIFORM BUSINESS REPORT (UBR)

0569711

Page 1 of 3
Attachment
FILED

00 MAR 23 AM 11:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 840831

1. Entity Name

CORPORATE FILING SERVICE, INC.

Principal Place of Business

Mailing Address

1013 CENTRE RD
WILMINGTON DE 198051013 CENTRE RD
WILMINGTON DE 19805-1265

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

14-1537954

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

7. Name and Address of New Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

Name

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

City

FL

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

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, 2000 Fee will be \$550.00
Make Check Payable to Department of State10. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WINN, BRUCE R 1013 CENTRE RD WILMINGTON DE 19805	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	See Attached	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FREEBORN, WILLIAM 1013 CENTRE RD WILMINGTON DE 19805	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	300003195199-1 -04/04/00-01066-005 ****150.00 ****150.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MALKIN, PETER 1013 CENTRE RD WILMINGTON DE 19805	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP POPEO, WILLIAM 1013 CENTRE RD WILMINGTON DE 19805	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROSSER, MARK A 1013 CENTRE RD WILMINGTON DE 19805	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FORTUNATO, JOHN 1013 CENTRE RD WILMINGTON DE 19805	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

Date

Daytime Phone #

3/17/00 3026365400

CR2E034 (9/99)

DIRECTORS

Mr. Lalor Burdick	1013 Centre Rd.	Wilmington, DE 19805
Mr. F. Michael Donohue, Jr.	1013 Centre Rd.	Wilmington, DE 19805
Mr James M. Garnett	1013 Centre Rd.	Wilmington, DE 19805
Mr. Hunter M. Marvel	1013 Centre Rd.	Wilmington, DE 19805
Rodman Ward, Jr., Esquire	1013 Centre Rd.	Wilmington, DE 19805
Mr. Rodman Ward III	1013 Centre Rd.	Wilmington, DE 19805
Mr. Daniel R. Butler	1013 Centre Rd.	Wilmington, DE 19805
Lisa Butler	1013 Centre Rd.	Wilmington, DE 19805
Bruce R. Winn	1013 Centre Rd.	Wilmington, DE 19807
Jeffrey D. Butler	1013 Centre Rd.	Wilmington, DE 19807

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000075847

1. Entity Name

GABLES MANOR WEST INC.

96-00
AR

Ag 1052
Attachment
FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 MAR 23 AM 11:32

Principal Place of Business Mailing Address

6355 SW 2nd St.
Miami, FL 33145

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0980888

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FERNANDO D. ALVAREZ

1172 S. DIXIE HWY

SUITE: 516

CORAL GABLES, FL 33146

Name

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

City

FL

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

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
P/VP/T CALIXTA C. GARCIA 1172 S. DIXIE HWY #516 CORAL GABLES, FL 33146	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
S FERNANDO D. ALVAREZ 1172 S. DIXIE HWY #516 CORAL GABLES, FL 33146	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
400000638474--2 02/17/00--01048--003 ***\$15.00 ***\$15.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
900003196089--2 -04/04/00--01102--027 ***\$15.00 ***\$15.00	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

Date

Daytime Phone #

AD

Pg 2 of 8
Attachment

GABLES MANOR WEST INC.
DOC.#P95000075847

TO: DIVISION OF CORPORATION
P.O. BOX 6327
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION. DUE TO A CHANGE OF PRINCIPAL AND MAILING ADDRESS I NEVER RECEIVED FIRST NOR SECOND NOTICE OF SUCH REPORT. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS. THANK IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME AT THE NEW ADDRESS LISTED IN THE ANNUAL REPORT .



CORDIALLY
FERNANDO D. ALVAREZ
SECRETARY

2000 UNIFORM BUSINESS REPORT (UBR)

Page 1 of 3
Attachment

0569716

DOCUMENT # 100009

1. Entity Name
UNITED STATES CORPORATION COMPANY

Principal Place of Business 1013 CENTRE RD. WILMINGTON DE 19805	Mailing Address 1013 CENTRE RD. WILMINGTON DE 19805-1265
---	--

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State
Zip	Country

00 MAR 23 AM 10:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

4. FEI Number 13-6149455	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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 _____ (NOTE: Registered Agent signature required when reinstating) 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, 2000 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 NAME STREET ADDRESS CITY-ST-ZIP	P WINN, BRUCE R 1013 CENTRE RD. WILMINGTON DE 19805	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FREEBORN, WILLIAM H 1013 CENTRE RD. WILMINGTON DE 19805	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MALKIN, PETER 1013 CENTRE RD. WILMINGTON DE 19805	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP POPEO, WILLIAM 1013 CENTRE RD. WILMINGTON DE 19805	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROSSER, MARK A 1013 CENTRE RD. WILMINGTON DE 19805	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AV FORTUNATO, JOHN 1013 CENTRE RD. WILMINGTON DE 19805	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

See Attached

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **3/17/00** **302 636 5400**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

OFFICERS

<u>Title</u>	<u>Name</u>	
PRESIDENT & CEO	Bruce R. Winn	1013 Centre Rd. Wilmington, DE 19805
VICE PRESIDENT	William H Freeborn	1013 Centre Rd. Wilmington, DE 19805
VICE PRESIDENT	Peter Malkin	1013 Centre Rd. Wilmington, DE 19805
VICE PRESIDENT, CFO, SECRETARY, TREASURER	William G. Popeo	1013 Centre Rd. Wilmington, DE 19805
VICE PRESIDENT	Mark A Rosser	1013 Centre Rd. Wilmington, DE 19805
VICE PRESIDENT	Kent Jordan	1013 Centre Rd. Wilmington, DE 19805
VICE PRESIDENT	John Fortunato	1013 Centre Rd. Wilmington, DE 19805
VICE PRESIDENT	Darlene Parker	1013 Centre Rd. Wilmington, DE 19805
VICE PRESIDENT	Jennifer Kenton	1013 Centre Rd. Wilmington, DE 19805
VICE PRESIDENT	Jacqueline G. Smetana	1013 Centre Rd. Wilmington, DE 19805
VICE PRESIDENT	Robert J. Cohen	1013 Centre Rd. Wilmington, DE 19805
VICE PRESIDENT	Brett L. Davis	1013 Centre Rd. Wilmington, DE 19805
VICE PRESIDENT	George A. Massih	1013 Centre Rd. Wilmington, DE 19805
VICE PRESIDENT	John L. Kane	1013 Centre Rd. Wilmington, DE 19805
VICE PRESIDENT	Scott M. Malfitano	1013 Centre Rd. Wilmington, DE 19805
CHAIRMAN	Daniel R. Butler	1013 Centre Rd. Wilmington, DE 19805

DIRECTORS

Mr. Lalor Burdick	1013 Centre Rd.	Wilmington, DE 19805
Mr. F. Michael Donohue, Jr.	1013 Centre Rd.	Wilmington, DE 19805
Mr James M. Garnett	1013 Centre Rd.	Wilmington, DE 19805
Mr. Hunter M. Marvel	1013 Centre Rd.	Wilmington, DE 19805
Rodman Ward, Jr., Esquire	1013 Centre Rd.	Wilmington, DE 19805
Mr. Rodman Ward III	1013 Centre Rd.	Wilmington, DE 19805
Mr. Daniel R. Butler	1013 Centre Rd.	Wilmington, DE 19805
Lisa Butler	1013 Centre Rd.	Wilmington, DE 19805
Bruce R. Winn	1013 Centre Rd.	Wilmington, DE 19807
Jeffrey D. Butler	1013 Centre Rd.	Wilmington, DE 19807

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 807089

1. Entity Name

THE PRENTICE-HALL CORPORATION SYSTEM, INC.

Principal Place of Business

Mailing Address

1013 CENTRE RD.
WILMINGTON DE 19805

1013 CENTRE RD.
WILMINGTON DE 19805-1265

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

13-6106755

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

UNITED STATES CORPORATION COMPANY
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

Name

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

City

FL

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

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE P ☐ Delete
NAME WINN, BRUCE R
STREET ADDRESS 1013 CENTRE RD.
CITY-ST-ZIP WILMINGTON DE 19805

TITLE ☐ Change ☐ Addition
NAME See Attached
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☐ Delete
NAME FREEBORN, WILLIAM H
STREET ADDRESS 1013 CENTRE RD.
CITY-ST-ZIP WILMINGTON DE 19805

TITLE ☐ Change ☐ Addition
NAME 800003195178-05
STREET ADDRESS -04/04/00--01066--001
CITY-ST-ZIP *****150.00 *****150.00

TITLE VP ☐ Delete
NAME MALKIN, PETER
STREET ADDRESS 1013 CENTRE RD.
CITY-ST-ZIP WILMINGTON DE 19805

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☐ Delete
NAME POPEO, WILLIAM G
STREET ADDRESS 1013 CENTRE RD.
CITY-ST-ZIP WILMINGTON DE 19805

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VP ☐ Delete
NAME ROSSER, MARK A
STREET ADDRESS 1013 CENTRE RD.
CITY-ST-ZIP WILMINGTON DE 19805

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE AS ☐ Delete
NAME FORTUNATO, JOHN
STREET ADDRESS 1013 CENTRE RD.
CITY-ST-ZIP WILMINGTON DE 19805

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/00

Date

3026365460

Daytime Phone #

Page 1 of 3
Attachment

FILED

00 MAR 23 AM 10:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

0669715

CR2E034 (9/99)

TS

OFFICERS

<u>Title</u>	<u>Name</u>	
PRESIDENT & CEO	Bruce R. Winn	1013 Centre Rd. Wilmington, DE 19805
VICE PRESIDENT	William H Freeborn	1013 Centre Rd. Wilmington, DE 19805
VICE PRESIDENT	Peter Malkin	1013 Centre Rd. Wilmington, DE 19805
VICE PRESIDENT, CFO, SECRETARY, TREASURER	William G. Popeo	1013 Centre Rd. Wilmington, DE 19805
VICE PRESIDENT	Mark A Rosser	1013 Centre Rd. Wilmington, DE 19805
VICE PRESIDENT	Kent Jordan	1013 Centre Rd. Wilmington, DE 19805
VICE PRESIDENT	John Fortunato	1013 Centre Rd. Wilmington, DE 19805
VICE PRESIDENT	Darlene Parker	1013 Centre Rd. Wilmington, DE 19805
VICE PRESIDENT	Jennifer Kenton	1013 Centre Rd. Wilmington, DE 19805
VICE PRESIDENT	Jacqueline G. Smetana	1013 Centre Rd. Wilmington, DE 19805
VICE PRESIDENT	Robert J. Cohen	1013 Centre Rd. Wilmington, DE 19805
VICE PRESIDENT	Brett L. Davis	1013 Centre Rd. Wilmington, DE 19805
VICE PRESIDENT	George A. Massih	1013 Centre Rd. Wilmington, DE 19805
VICE PRESIDENT	John L. Kane	1013 Centre Rd. Wilmington, DE 19805
VICE PRESIDENT	Scott M. Malfitano	1013 Centre Rd. Wilmington, DE 19805
CHAIRMAN	Daniel R. Butler	1013 Centre Rd. Wilmington, DE 19805

OFFICERS

<u>Title</u>	<u>Name</u>	
PRESIDENT & CEO	Bruce R. Winn	1013 Centre Rd. Wilmington, DE 19805
VICE PRESIDENT	William H Freeborn	1013 Centre Rd. Wilmington, DE 19805
VICE PRESIDENT	Peter Malkin	1013 Centre Rd. Wilmington, DE 19805
VICE PRESIDENT, CFO, SECRETARY, TREASURER	William G. Popeo	1013 Centre Rd. Wilmington, DE 19805
VICE PRESIDENT	Mark A Rosser	1013 Centre Rd. Wilmington, DE 19805
VICE PRESIDENT	Kent Jordan	1013 Centre Rd. Wilmington, DE 19805
VICE PRESIDENT	John Fortunato	1013 Centre Rd. Wilmington, DE 19805
VICE PRESIDENT	Darlene Parker	1013 Centre Rd. Wilmington, DE 19805
VICE PRESIDENT	Jennifer Kenton	1013 Centre Rd. Wilmington, DE 19805
VICE PRESIDENT	Jacqueline G. Smetana	1013 Centre Rd. Wilmington, DE 19805
VICE PRESIDENT	Robert J. Cohen	1013 Centre Rd. Wilmington, DE 19805
VICE PRESIDENT	Brett L. Davis	1013 Centre Rd. Wilmington, DE 19805
VICE PRESIDENT	George A. Massih	1013 Centre Rd. Wilmington, DE 19805
VICE PRESIDENT	John L. Kane	1013 Centre Rd. Wilmington, DE 19805
VICE PRESIDENT	Scott M. Malfitano	1013 Centre Rd. Wilmington, DE 19805
CHAIRMAN	Daniel R. Butler	1013 Centre Rd. Wilmington, DE 19805

DIRECTORS

Mr. Lalor Burdick	1013 Centre Rd.	Wilmington, DE 19805
Mr. F. Michael Donohue, Jr.	1013 Centre Rd.	Wilmington, DE 19805
Mr James M. Garnett	1013 Centre Rd.	Wilmington, DE 19805
Mr. Hunter M. Marvel	1013 Centre Rd.	Wilmington, DE 19805
Rodman Ward, Jr., Esquire	1013 Centre Rd.	Wilmington, DE 19805
Mr. Rodman Ward III	1013 Centre Rd.	Wilmington, DE 19805
Mr. Daniel R. Butler	1013 Centre Rd.	Wilmington, DE 19805
Lisa Butler	1013 Centre Rd.	Wilmington, DE 19805
Bruce R. Winn	1013 Centre Rd.	Wilmington, DE 19807
Jeffrey D. Butler	1013 Centre Rd.	Wilmington, DE 19807

2000 UNIFORM BUSINESS REPORT (UBR)

0563717

Page 1 of 3
Attachment

FILED

00 MAR 23 AM 11:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # P26505

1. Entity Name

CORPORATION SERVICE COMPANY

Principal Place of Business

Mailing Address

1013 CENTRE ROAD
WILMINGTON DE 19805
US

1013 CENTRE ROAD
WILMINGTON DE 19805-1265
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

51-0009810

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

UNITED STATES CORPORATION COMPANY
1201 HAYES STREET
TALLAHASSEE FL 32301

Name

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

City

FL

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

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, 2000 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

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE **P** ☐ Delete
NAME **WINN, BRUCE R**
STREET ADDRESS **1013 CENTRE ROAD**
CITY-ST-ZIP **WILMINGTON DE 19805**

TITLE ☐ Change ☐ Addition
NAME **See Attached**
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **FREEBORN, WILLIAM H**
STREET ADDRESS **1013 CENTRE ROAD**
CITY-ST-ZIP **WILMINGTON DE 19805**

TITLE ☐ Change ☐ Addition
NAME **300003195183--0**
STREET ADDRESS **-04/04/00--01066--004**
CITY-ST-ZIP ******150.00 ****150.00**

TITLE **VP** ☐ Delete
NAME **MALKIN, PETER**
STREET ADDRESS **1013 CENTRE ROAD**
CITY-ST-ZIP **WILMINGTON DE 19805**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **POPEO, WILLIAM G**
STREET ADDRESS **1013 CENTRE ROAD**
CITY-ST-ZIP **WILMINGTON DE 19805**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **ROSSER, MARK A**
STREET ADDRESS **1013 CENTRE ROAD**
CITY-ST-ZIP **WILMINGTON DE 19805**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **VP** ☐ Delete
NAME **FORTUNATO, JOHN**
STREET ADDRESS **1013 CENTRE ROAD**
CITY-ST-ZIP **WILMINGTON DE 19805**

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/00 3026365400

Date

Daytime Phone #

CR2E034 (9/99)

OFFICERS

<u>Title</u>	<u>Name</u>	
PRESIDENT & CEO	Bruce R. Winn	1013 Centre Rd. Wilmington, DE 19805
VICE PRESIDENT	William H Freeborn	1013 Centre Rd. Wilmington, DE 19805
VICE PRESIDENT	Peter Malkin	1013 Centre Rd. Wilmington, DE 19805
VICE PRESIDENT, CFO, SECRETARY, TREASURER	William G. Popeo	1013 Centre Rd. Wilmington, DE 19805
VICE PRESIDENT	Mark A Rosser	1013 Centre Rd. Wilmington, DE 19805
VICE PRESIDENT	Kent Jordan	1013 Centre Rd. Wilmington, DE 19805
VICE PRESIDENT	John Fortunato	1013 Centre Rd. Wilmington, DE 19805
VICE PRESIDENT	Darlene Parker	1013 Centre Rd. Wilmington, DE 19805
VICE PRESIDENT	Jennifer Kenton	1013 Centre Rd. Wilmington, DE 19805
VICE PRESIDENT	Jacqueline G. Smetana	1013 Centre Rd. Wilmington, DE 19805
VICE PRESIDENT	Robert J. Cohen	1013 Centre Rd. Wilmington, DE 19805
VICE PRESIDENT	Brett L. Davis	1013 Centre Rd. Wilmington, DE 19805
VICE PRESIDENT	George A. Massih	1013 Centre Rd. Wilmington, DE 19805
VICE PRESIDENT	John L. Kane	1013 Centre Rd. Wilmington, DE 19805
VICE PRESIDENT	Scott M. Malfitano	1013 Centre Rd. Wilmington, DE 19805
CHAIRMAN	Daniel R. Butler	1013 Centre Rd. Wilmington, DE 19805

DIRECTORS

Mr. Lalor Burdick	1013 Centre Rd.	Wilmington, DE 19805
Mr. F. Michael Donohue, Jr.	1013 Centre Rd.	Wilmington, DE 19805
Mr James M. Garnett	1013 Centre Rd.	Wilmington, DE 19805
Mr. Hunter M. Marvel	1013 Centre Rd.	Wilmington, DE 19805
Rodman Ward, Jr., Esquire	1013 Centre Rd.	Wilmington, DE 19805
Mr. Rodman Ward III	1013 Centre Rd.	Wilmington, DE 19805
Mr. Daniel R. Butler	1013 Centre Rd.	Wilmington, DE 19805
Lisa Butler	1013 Centre Rd.	Wilmington, DE 19805
Bruce R. Winn	1013 Centre Rd.	Wilmington, DE 19807
Jeffrey D. Butler	1013 Centre Rd.	Wilmington, DE 19807

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 840830

1. Entity Name

INFOSEARCH, INC.

Page 1 of 3
Attachment

FILED

00 MAR 23 AM 11:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1013 CENTRE RD WILMINGTON DE 19805	1013 CENTRE RD WILMINGTON DE 19805-1265

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State	City & State
--------------	--------------

Zip	Country	Zip	Country
-----	---------	-----	---------

4. FEI Number	14-1488515	Applied For
		Not Applicable

5. Certificate of Status Desired	<input type="checkbox"/>	\$8.75 Additional Fee Required
----------------------------------	--------------------------	--------------------------------

6. Name and Address of Current Registered Agent
THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent		
Name		
Street Address (P.O. Box Number is Not Acceptable)		
City	FL	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>	FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State	10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
---	--	---

11. OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11																								
<table><tr><td>TITLE</td><td>P</td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>WINN, BRUCE R</td><td></td></tr><tr><td>STREET ADDRESS</td><td>1013 CENTRE RD</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>WILMINGTON DE 19805</td><td></td></tr></table>	TITLE	P	<input type="checkbox"/> Delete	NAME	WINN, BRUCE R		STREET ADDRESS	1013 CENTRE RD		CITY-ST-ZIP	WILMINGTON DE 19805		<table><tr><td>TITLE</td><td>See Attached</td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE	See Attached	<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete																							
NAME	WINN, BRUCE R																								
STREET ADDRESS	1013 CENTRE RD																								
CITY-ST-ZIP	WILMINGTON DE 19805																								
TITLE	See Attached	<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
<table><tr><td>TITLE</td><td>VP</td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>FREEBORN, WILLIAM</td><td></td></tr><tr><td>STREET ADDRESS</td><td>1013 CENTRE RD</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>WILMINGTON DE 19805</td><td></td></tr></table>	TITLE	VP	<input type="checkbox"/> Delete	NAME	FREEBORN, WILLIAM		STREET ADDRESS	1013 CENTRE RD		CITY-ST-ZIP	WILMINGTON DE 19805		<table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td>100003195181--6</td><td></td></tr><tr><td>STREET ADDRESS</td><td>-04/04/00--01066--003</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>****150.00 ****150.00</td><td></td></tr></table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	100003195181--6		STREET ADDRESS	-04/04/00--01066--003		CITY-ST-ZIP	****150.00 ****150.00	
TITLE	VP	<input type="checkbox"/> Delete																							
NAME	FREEBORN, WILLIAM																								
STREET ADDRESS	1013 CENTRE RD																								
CITY-ST-ZIP	WILMINGTON DE 19805																								
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME	100003195181--6																								
STREET ADDRESS	-04/04/00--01066--003																								
CITY-ST-ZIP	****150.00 ****150.00																								
<table><tr><td>TITLE</td><td>VP</td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>MALKIN, PETER</td><td></td></tr><tr><td>STREET ADDRESS</td><td>1013 CENTRE RD</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>WILMINGTON DE 19805</td><td></td></tr></table>	TITLE	VP	<input type="checkbox"/> Delete	NAME	MALKIN, PETER		STREET ADDRESS	1013 CENTRE RD		CITY-ST-ZIP	WILMINGTON DE 19805		<table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete																							
NAME	MALKIN, PETER																								
STREET ADDRESS	1013 CENTRE RD																								
CITY-ST-ZIP	WILMINGTON DE 19805																								
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
<table><tr><td>TITLE</td><td>VP</td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>POPEO, WILLIAM</td><td></td></tr><tr><td>STREET ADDRESS</td><td>1013 CENTRE RD</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>WILMINGTON DE 19805</td><td></td></tr></table>	TITLE	VP	<input type="checkbox"/> Delete	NAME	POPEO, WILLIAM		STREET ADDRESS	1013 CENTRE RD		CITY-ST-ZIP	WILMINGTON DE 19805		<table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete																							
NAME	POPEO, WILLIAM																								
STREET ADDRESS	1013 CENTRE RD																								
CITY-ST-ZIP	WILMINGTON DE 19805																								
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
<table><tr><td>TITLE</td><td>VP</td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>ROSSER, MARK A</td><td></td></tr><tr><td>STREET ADDRESS</td><td>1013 CENTRE RD</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>WILMINGTON DE 19805</td><td></td></tr></table>	TITLE	VP	<input type="checkbox"/> Delete	NAME	ROSSER, MARK A		STREET ADDRESS	1013 CENTRE RD		CITY-ST-ZIP	WILMINGTON DE 19805		<table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete																							
NAME	ROSSER, MARK A																								
STREET ADDRESS	1013 CENTRE RD																								
CITY-ST-ZIP	WILMINGTON DE 19805																								
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition																							
NAME																									
STREET ADDRESS																									
CITY-ST-ZIP																									
<table><tr><td>TITLE</td><td>AV</td><td><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>FORTUNATO, JOHN</td><td></td></tr><tr><td>STREET ADDRESS</td><td>1013 CENTRE RD</td><td></td></tr><tr><td>CITY-ST-ZIP</td><td>WILMINGTON DE 19805</td><td></td></tr></table>	TITLE	AV	<input type="checkbox"/> Delete	NAME	FORTUNATO, JOHN		STREET ADDRESS	1013 CENTRE RD		CITY-ST-ZIP	WILMINGTON DE 19805		<table><tr><td>TITLE</td><td></td><td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY-ST-ZIP</td><td></td><td></td></tr></table>	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
TITLE	AV	<input type="checkbox"/> Delete																							
NAME	FORTUNATO, JOHN																								
STREET ADDRESS	1013 CENTRE RD																								
CITY-ST-ZIP	WILMINGTON DE 19805																								
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: 3/17/00 3026365400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

OFFICERS

<u>Title</u>	<u>Name</u>	
PRESIDENT & CEO	Bruce R. Winn	1013 Centre Rd. Wilmington, DE 19805
VICE PRESIDENT	William H Freeborn	1013 Centre Rd. Wilmington, DE 19805
VICE PRESIDENT	Peter Malkin	1013 Centre Rd. Wilmington, DE 19805
VICE PRESIDENT, CFO, SECRETARY, TREASURER	William G. Popeo	1013 Centre Rd. Wilmington, DE 19805
VICE PRESIDENT	Mark A Rosser	1013 Centre Rd. Wilmington, DE 19805
VICE PRESIDENT	Kent Jordan	1013 Centre Rd. Wilmington, DE 19805
VICE PRESIDENT	John Fortunato	1013 Centre Rd. Wilmington, DE 19805
VICE PRESIDENT	Darlene Parker	1013 Centre Rd. Wilmington, DE 19805
VICE PRESIDENT	Jennifer Kenton	1013 Centre Rd. Wilmington, DE 19805
VICE PRESIDENT	Jacqueline G. Smetana	1013 Centre Rd. Wilmington, DE 19805
VICE PRESIDENT	Robert J. Cohen	1013 Centre Rd. Wilmington, DE 19805
VICE PRESIDENT	Brett L. Davis	1013 Centre Rd. Wilmington, DE 19805
VICE PRESIDENT	George A. Massih	1013 Centre Rd. Wilmington, DE 19805
VICE PRESIDENT	John L. Kane	1013 Centre Rd. Wilmington, DE 19805
VICE PRESIDENT	Scott M. Malfitano	1013 Centre Rd. Wilmington, DE 19805
CHAIRMAN	Daniel R. Butler	1013 Centre Rd. Wilmington, DE 19805

DIRECTORS

Mr. Lalor Burdick	1013 Centre Rd.	Wilmington, DE 19805
Mr. F. Michael Donohue, Jr.	1013 Centre Rd.	Wilmington, DE 19805
Mr James M. Garnett	1013 Centre Rd.	Wilmington, DE 19805
Mr. Hunter M. Marvel	1013 Centre Rd.	Wilmington, DE 19805
Rodman Ward, Jr., Esquire	1013 Centre Rd.	Wilmington, DE 19805
Mr. Rodman Ward III	1013 Centre Rd.	Wilmington, DE 19805
Mr. Daniel R. Butler	1013 Centre Rd.	Wilmington, DE 19805
Lisa Butler	1013 Centre Rd.	Wilmington, DE 19805
Bruce R. Winn	1013 Centre Rd.	Wilmington, DE 19807
Jeffrey D. Butler	1013 Centre Rd.	Wilmington, DE 19807