## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED , PROFIT FLORIDA DEPARTMENT OF STATE Jun 24, 1999 8:00 am CORPORATION Katherine Harris ANNUAL REPORT Secretary of State **Secretary of State** DIVISION OF CORPORATIONS 1999 06-24-1999 90004 021 \*\*\*558.75 DOCUMENT # Brokeeage Concepts INC Principal Place of Business Mailing Address 615 Allendale Rd 651 Allendale Road King of Prussia, Pa P.O. Box 61553 DO NOT WRITE IN THIS SPACE King Of Prussia, Pa 19406-1553 3. Date Incorporated or Qualifed 19406-1553 7/26/1983 2. Principal Place of Business 2a. Mailing Address 23-1744287 Applied For 21 26 Not Applicable \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Added to Fees Trust Fund Contribution 28 Zip Country Country 8. This corporation owes the current year Intangible ΠNo 30 25 Personal Property Tax. ☐ Yes 24 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name Field, Granger, Santry & Mitchell, P.A. Street Address (P.O. Box Number is Not Acceptable) 82 311 East Park Avenue Tallahassee, Fl 32302 83 84 City Zip Code 85 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. Addition □ DELETE 1.1 TITLE ☐ Change PD NAME 1.2 NAME Katz, Arnold M. STREET ADDRESS 1.3 STREET ADDRESS 506 Waldron Park Drive CITY-ST-ZIP 14 CITY-ST-ZIP Haverford, Pa □ DELETE ☐ Change ☐ Addition TITLE 2.1 TITLE NAME 2.2 NAME Shine, Michael P. STREET ADDRESS 2.3 STREET ADDRESS 109 Concord Avenue CITY-ST-ZIP 2. 4 CITY-ST-ZIP Exton. Pa □ DELETE ☐ Change ☐ Addition 3.1 TITLE TITLE NAME 3.2 NAME Singer, Aaron STREET ADDRESS 3 3 STREET ADDRESS 136 Kilburn Drive 3.4. CITY-ST-ZIP CITY-ST-ZIP Cherry Hill, N.J. ☐ DELETE ☐ Change Addition TITLE 4.1 TITLE 4. 2 NAME NAME Bluestein, Ronald 4.3 STREET ADDRESS STREET ADDRESS 1353 Bobarn Drive 4.4 CITY-ST-ZIP CITY-ST-ZIP Narberth, Pa □ DELETE ☐ Change ☐ Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP □ DELETE 6.1 TITLE Addition ☐ Change TITLE

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 attactiment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS