SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

Jul 16 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1**9**98 DIVISION OF CORPORATIONS DOCUMENT # (8) WELCOME HOME, INC. OF NO Principal Place of Business Mailing Address 309 RALEIGH ST. 309 RALEIGH ST. WILMINGTON NC 28412 WILMINGTON NC 28412 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/14/1983 2a. Mailing Address 4. FEI Number 2. Principal Place of Business Applied For 56-1379322 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Zip Country Country Zip 8. This corporation owes or has paid the current year Intangible Z Yes Personal Property Tax due June 30. 24 25 29 30 9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD 82 Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL 33324 83 84 85 Zip Code 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) CR2E034 (5/98) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 1.1 TITLE Change JORDAN, JOHN W NAME 1.2 NAME 9 WEST 57TH ST STREET ADDRESS 1.3 STREET ADDRESS **NEW YORK NY 10019** CITY-ST-ZIP 1.4 CITY-ST-ZIP 2.1 TITLE TITLE DELETE Change Addition KEIGER, EDWARD NAME 2.2 NAME PO BOX 3112 N/A 2.3 STREET ADDRESS STREET ADDRESS BAID HEAD ISLAND NC 28461 2.4 CITY-ST-ZIP CITY-ST-ZIP TITLE 3.1 TITLE DELETE Change Addition QUINN, THOMAS NAME 3.2 NAME 1751 LAKE COOL AVE STREET ADDRESS 3.3 STREET ADDRESS DEERFIELD IL 60015 CITY-ST-ZIP 3.4 CITY-ST-ZIP COO DELETE 4.1 TITLE TITLE President ___ Change QUINN, THOMAS 4.2 NAME John J. Hillmann NAME 1751 LAKE COOK AVE 309 Raleigh Sturet 4.3 STREET ADDRESS STREET ADDRESS DEERFIELD IL 60015 wilmington NC 28413 CITY-ST-ZIP 4.4 CITY-ST-ZIP Mast. Setvetary DELETE TITLE 5.1 TITLE ___ Change Addition FISHER, G. ROBERT 5.2 NAME Tom Spielberger 1751 Lake COOR Rd. NAME ONE KANSAS CITY PLACE, 35TH FL 1200 MN ST STREET ADORESS 5.3 STREET ADDRESS KANSAS CITY MO 64105 Deerfield IL 60015 CITY-ST-ZIP 5.4 CITY-ST-ZIP VPCO 6.1 TITLE TITLE DELETE __ Change Addition DUDECK, MARK NAME 6.2 NAME 7522 MASONBORO SOUND RD STREET ADDRESS 6.3 STREET ADDRESS **WILMINGTON NC 28403** CITY-ST-ZIP

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 empeyered 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 attachment with an address.

MIRLO

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910-791-4712

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