## 2000 UNIFORM BUSINESS REPORT (UBR)

| DOCUMENT # F9300001186  1. Entity Name  MCD ŘEAL ESTATE, INC. |   |   |  |              |                          |                      | FILED<br>Feb 14, 2000 8:00 am<br>Secretary of State |   |                              |                          |                            |  |
|---|---|---|--|--------------|--------------------------|----------------------|---|---|------------------------------|--------------------------|----------------------------|--|
| Principal Place of Business Mailing Address                   |   |   |  |              |                          |                      | 0.  | 2-14-2000 7010                          | 30 001                       | 300.00                   | •                          |  |
| MCDONALD INV<br>800 SUPERIOR<br>CLEVELAND OH<br>US            | AVENUE  | enter                                     | MCDONALD INVESTMENT CENTER<br>800 SUPERIOR AVENUE<br>CLEVELAND OH 44114-2601<br>US   |              |                          |                      | i anaka tu  | LEIGE HINS BEIN BRIN BRIN BR            | na <b>20</b> 00 <b>20</b> 00 | (891 ti <b>es</b> t) (81 | ( <b>6 61h) (88</b> 1      |  |
| 2. Principal Place of Business                                |   |   | 3. Mailing Address   |              |                          |                      |   |   |                              |                          |                            |  |
| Suite, Apt. #, etc.   |   |   | Suite, Apt. #, etc.  |              |                          |                      | DO NOT WRITE IN THIS SPACE                          |   |                              |                          |                            |  |
| City & State  |   |   | City & State   |              |                          | <b>4.</b> F          | El Number   | 34-1331003                              |                              | <del>_</del>             | plied For                  |  |
| Zip   | · · · · · ·   | Country                                   | Zip  | Coun         | itry                     | 5. (                 | Certificate of                                      | Status Desired                          |                              | 3.75 Add<br>e Require    | ditional                   |  |
| 7   | 6. Name   | and Address of Current R                  | egistered Agent  | ر حسدی       |                          |                      | lame and A  | ddress of New Re                        | gistered Ag                  | ent_                     |                            |  |
| BOGOTT, TIMOTHY R   |   |   |  |              | Name                     |                      |   |   |                              |                          |                            |  |
| % MARINER CAPITAL MANAGEMENT, II                              |   |   | C.   |              | Street A                 | ddress (P.O. B       | ox Number i   | s Not Acceptable)                       | _                            |                          |                            |  |
|   |   | OR BLVD., SW                              |  |              |                          |                      |   |   | <del></del>                  |                          |                            |  |
| FT. N   | MYERS FL 3  | 33907                                     |  |              | City                     |                      |   |   | FL                           | Zip Cod                  | e                          |  |
| 8. The above  | named entit   | y submits this statement for              | the purpose of changing its  | registere    | ed office or             | registered ag        | ent, or both,                                       | in the State of Flori                   | da.                          |                          | <del></del> -              |  |
|   |   | •   | , ,  | _            |                          |                      |   | •                                       |                              |                          |                            |  |
| SIGNATURE ,   | Signature, typed  | or printed name of registered agent an    | title if applicable (NOT   | E: Registere | d Agent signate          | ure required when re | instating)  |   | DATE                         |                          |                            |  |
| 9 This corpo  |   | ible to satisfy its Intangible            | FILE NOW   |              |                          | <del> </del>         |   |   |                              |                          |                            |  |
| Tax filing r  | requirement a   | and elects to do so.                      | After MAY 1, 20  | 00 Fee       | will be \$5              | 50.00                |   | ion Campaign Fina<br>Fund Contribution. | ncing                        |                          | <b>0</b> May Be<br>to Fees |  |
|   | ria on back)  | OFFICERS AND D                            | Make Check Payat   | ole to De    | epartmen                 |                      | DITIONS   | HANGES TO OFFIC                         | EBS AND D                    | IDECTOR                  | S IN 11                    |  |
| TITLE   | Р   | OFFICERS AND D                            | □ Delete   | TITLE        | E                        | AU                   | DITION3/CI  | HANGES TO OFFIC                         |                              | Change                   |                            |  |
| NAME  |   | R, JAMES C                                |  | MAM          | 1                        |                      |   |   |                              |                          |                            |  |
| STREET ADDRESS  | 1 .   | LD INVESTMENT CTR 80                      | O SUPERIOR AVE   |              | EET ADDRESS<br>'- ST-ZIP |                      |   |   |                              |                          |                            |  |
| CITY-ST-ZIP<br>TITLE  | CLEVELAI<br>VP  | ND OH 03                                  | □ Delete   | TITLE        |                          | ļ                    |   |   |                              | Change                   |                            |  |
| NAME  | 1   | RICHARD R III                             | LI Delete  | NAM          |                          |                      |   |   | _                            | J onango                 | _                          |  |
| STREET ADDRESS  |   | LD INVESTMENT CTR, 80                     | 00 SUPERIOR AVE  | 1            | ET ADDRESS               |                      |   |   |                              |                          |                            |  |
| CITY-ST-ZIP   |   | ND OH 03                                  | and the second of the second o |              | -ST-ZIP                  | Acct ~               | <u> </u>  |   |                              | Change                   | - <b>YY</b>                |  |
| TITLE ·   | S Delete  |   |  | TITLE        |                          | Cavoli               |   |   | L                            | 1 change                 | <u> </u>                   |  |
| STREET ADDRESS  |   | LD INVESTMENT CTR, 80                     | BOO SUPERIOR AVE   |              | ET ADDRESS               |                      |   | estments Ir                             | nc., 80                      | 0 Sup                    | erior                      |  |
| CITY-ST-ZIP   | CLEVELA   | ND OH 03                                  |  | CITY         | -ST-ZIP                  |                      | and, OF   | I 44114-260                             |                              |                          |                            |  |
| TITLE   | T IAMIECOI  | N DATRICIA I                              | XX Delete  | TITLE<br>NAM |                          | T                    |   |   | X                            | X Change                 |                            |  |
| NAME<br>STREET ADDRESS  | JAMIESON, PATRICIA J  MCDONALD INVESTMENT CTR, 800 SUPERIOR AVE |   |  |              | eet address              | Tehi, N              |   | e<br>estments Ir                        | 80                           | n eun                    | arior                      |  |
| CITY-ST-ZIP   |   | ND OH 03                                  | OOI LINOTT MAL   |              | -ST-ZIP                  |                      |   | 1 44114-260                             |                              | o ծաթ                    | erior                      |  |
| TITLE   | D   |   | ☐ Delete   | TITLE        |                          |                      |   |   |                              | Change                   | □                          |  |
| NAME  |   | BUCK, ROBERT T                            | NO CLIDEDIOD AVE   | NAM          |                          |                      |   |   |                              |                          |                            |  |
| STREET ADDRESS<br>CITY-ST-ZIP                                 | MCDONAI<br>  CLEVELAI   | LD INVESTMENT CTR, 80<br>ND OH 03         | JU SUPERIUK AVE  |              | ET ADDRESS<br>'-ST-ZIP   |                      |   |   |                              |                          |                            |  |
| TITLE   | D   |   | ☐ Delete   | TITLE        |                          |                      |   |   |                              | Change                   |                            |  |
| NAME  |   | s, william B Jr.                          |  | NAM          |                          |                      |   |   |                              |                          |                            |  |
| STREET ADDRESS  | L   | LD INVESTMENT CTR, 80                     | 00 SUPERIOR AVE  |              | ET ADDRESS<br>-ST-ZIP    |                      |   |   |                              |                          |                            |  |
| City-ST-ZIP   | CLEVELAI  | ND UH 03<br>e information supplied with t | his filing does not qualify fo   |              |                          | ted in Section :     | 119 07(3)(i)  | Florida Statutes 1 f                    | urther certify               | that the i               | nformation                 |  |

of the corporation or the receiver or trustee empowered to execute 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.

SIGNATURAL SCOLIFIED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

2-4-00 216.443.2673
Date Daytime Phone #