

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 11, 2000 8:00 am**  
**Secretary of State**

05-11-2000 90263 006 \*\*\*150.00

**DOCUMENT #** F93000004109  
**1. Entity Name**  
 CAREY LIMOUSINE FLORIDA, INC.

**Principal Place of Business**      **Mailing Address**

**2. Principal Place of Business**      **3. Mailing Address**  
~~1500 Belvedere Road~~      ~~4530 Wisconsin Ave., NW~~  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

**City & State**      **City & State**  
~~West Palm Beach, FL~~      ~~Washington, DC~~  
 Zip      Country      Zip      Country  
 33408      USA      22016      USA

**4. FEI Number**      **Applied For**  
 65-0429443       Not Applicable  
**5. Certificate of Status Desired**       **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**  
 CT Corporation System  
 1200 South Pine Island Road  
 Plantation, FL 33324

**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 \_\_\_\_\_  
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**

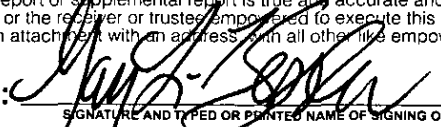
**11. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	See attached list <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
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

**12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	See attached list <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:**  **Vice President & Assistant Secretary**      **2/28/00**      **(202) 895-1200**  
Signature and Typed or Printed Name of Signing Officer or Director      Date      Daytime Phone #

CR2E034 (9/99)

#F93000004109

840607

**Carey Limousine Florida, Inc.**  
State of Florida  
Uniform Business Report

Item 12/13

TITLE	Director & President
NAME	Vincent A. Wolfington
STREET ADDRESS	4530 Wisconsin Ave., NW
CITY/ STATE / ZIP	Washington, DC 20016
TITLE	Director & Secretary
NAME	Don R. Dailey
STREET ADDRESS	4530 Wisconsin Ave., NW
CITY/ STATE / ZIP	Washington, DC 20016
TITLE	Director, Executive Vice President, & Treasurer
NAME	David H. Haedicke
STREET ADDRESS	4530 Wisconsin Ave., NW
CITY/ STATE / ZIP	Washington, DC 20016
TITLE	Vice President
NAME	Guy C. Thomas
STREET ADDRESS	4530 Wisconsin Ave., NW
CITY/ STATE / ZIP	Washington, DC 20016
TITLE	Vice President
NAME	Devin J. Murphy
STREET ADDRESS	4530 Wisconsin Ave., NW
CITY/ STATE / ZIP	Washington, DC 20016
TITLE	Vice President & Assistant Secretary
NAME	Gary L. Kessler
STREET ADDRESS	4530 Wisconsin Ave., NW
CITY/ STATE / ZIP	Washington, DC 20016
TITLE	Vice President
NAME	Rob Hamman
STREET ADDRESS	1500 Belvedere Road
CITY/ STATE / ZIP	West Palm Beach, FL 33406