2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

FILED DOCUMENT # **F93000005705** May 16, 2000 8:00 am Secretary of State ASSOCIATED HOUSING DEVELOPMENT CORP. If 05-16-2000 90090 006 ***150.00 Mailing Address Principal Place of Business P.O. BOX 515 P.O. BOX 515 PACIFIC PALISADES CA 90272-0515 PACIFIC PALISADES CA 90272-0615 2. Principal Place of Business 3. Mailing Address SUNSET BLID. SUNSET 7383 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Suste SHITE Applied For 4. FEI Number 51-0351873 Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired Fee Required u sa usa 90272 6. Name and Address of Current Registered Agent 7-Name and Address of New Registered Agent **B&C CORPORATE SERVICES OF CENTRAL FLORIDA** Street Address (P.O. Box Number is Not Acceptable) 390 NORTH ORANGE AVENUE, SUITE 1100 ORLANDO FL 32801 Zip Code FL 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 FILE NOW!!! FEE IS \$150.Q0 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition ☐ Delete WOJCIECHOWSKI, MICHAEL STREET ADDRESS STREET ADDRESS 327 SWARTHMORE AVE CITY-ST-ZIP CITY-ST-ZIF PACIFIC PALISADES CA 🔀 Delete Change ☐ Addition TITLE KANTOR, STEVEN M NAME NAME STREET ADDRESS 17383 SUNSET BLVD, SUITE A-230 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PACIFIC PALISADES CA 38 Change ☐ Addition Delete TITI F TITLE MCENULTY, FRANK E NAME STREET ADDRESS STREET ADDRESS 17383 SUNSET BLVD, SUITE A-230 CITY-ST-ZIP CITY-ST-ZIE PACIFIC PALISADES CA 38 ☐ Addition ☐ Delete TITLE TITHE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

FRONK M'ENNITY

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