Secretary of State FLAGSHIP CREDIT CORPORATION 05-01-2000 90308 006 ***150.00 Principal Place of Business Mailing Address ONE INTERNATIONAL PLAZA 700 EAST GATE DRIVE 3RD FLOOR SUITE 400 PHILADELPHIA PA 19113 MT. LAUREL NJ 08054-3807 2. Principal Place of Business 3. Mailing Address ONE INTERNATIONAL PLAZA Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For HILA OF LPHIA 22-2977197 A Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name THE PRENTICE-HALL CORPORATION SYSTEM, INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS ST. SUITE 105 TALLAHASSEE FL 32301 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 \$150.00 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. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME RITTER, MICHAEL C NAME ONE INTERNATIONAL PLAZA, 3RD FLOOR STREET ADDRESS STREET ADDRESS CR2E034 SEE ATTACHED SCHLOULE CITY-ST-ZIP PHILADELPHIA PA 19113 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME LEMPERT. SPENCER NAME STREET ADDRESS 700 EAST GATE DRIVE STREET ADDRESS CITY-ST-ZIP MT. LAUREL NJ CITY-ST-7IP TITLE Delete ☐ Change ☐ Addition NAME RITTER, MICHAEL C. NAME STREET ADDRESS ONE INTERNATIONAL PLAZA, 3RD FLOOR STREET ADDRESS CITY-ST-ZIP PHILADELPHIA PA 19113 CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME BERG, IAN J NAME STREET ADDRESS 700 EAST GATE DRIVE STREET ADDRESS CITY-ST-ZIP MT. LAUREL NJ CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition SEKI, TADAYUKI NAME STREET ADDRESS 335 MADISON AVE. STREET ADDRESS CITY-ST-ZIP **NEW YORK NY** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME HAKEMIAN, JOHN NAME STREET ADDRESS 335 MADISON AVE STREET ADDRESS CITY-ST-ZIP **NEW YORK NY 10017** CITY-ST-ZIP 13. Thereby 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 SIGNATURE: 4-20-00

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May 01, 2000 8:00 am'