FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Apr 19, 2001 8:00 am Secretary of State DOCUMENT # F9400002491 ROLF JENSEN & ASSOCIATES, INC. 04-19-2001 90291 019 ***150.00 Principal Place of Business Mailing Address 3504 LAKE LYNDA DRIVE. #110 549 W. RANDOLPH ST., 5TH FLOOR ORLANDO FL 32817 CHICAGO IL 60661 80031784 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 36-2667776 Not Applicable Zip Country Zip 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 Näme-C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND RD. PLANTATION FL 33324 Zip Code City 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. 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. SVPD **PCEO** ☐ Delete TITLE ☐ Change TITLE THOMAS Q. BROWN REISS, MARTIN H NAME NAME 3040 WILLIAMS DRIVE, STE 400 STREET ADDRESS STREET ADDRESS 1661 WORCHESTER RD, STE. 501 CITY-ST-ZIP CITY-ST-7IP FRAMINGHAM MA 01701-5401 FAIRFAX VA 22031-4612 [] Change SVPD TITLE ☐ Delete TITLE ROBERT J. LIBBY TUCKER, RANDOLPH W NAME NAME 3040 WILLIAMS DRIVE, STE 400 13831 NORTHWEST FREEWAY, STE. 330 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FAIRFAX, VA 22031-4612 CITY-ST-7IP HOUSTON TX 77040-5215 ☐ Change ☐ Addition SVPD TITLE TITLE □ Delete NAME GRILL, RAYMOND A NAME STREET ADDRESS STREET ADDRESS 3040 WILLIAMS DR., STE. 400 CITY-ST-ZIP CITY-ST-ZIF FAIRFAX VA 22031-4612 TITLE SVPD Delete TITLE ☐ Change Addition NAME QUITER, JAMES R STREET ADDRESS STREET ADDRESS 2125 OAK GROVE RD., STE. 300 CITY-ST-ZIP CITY-ST-ZIP WALNUT CREEK CA 94598-2539 ☐ Addition TITLE SVP ☐ Delete TITLE NAME TOTH, GEORGE E NAME STREET ADDRESS STREET ADDRESS |549 W. RANDOLPH ST., 5TH FLOOR CITY-ST-ZIP CITY-ST-7IP CHICAGO IL 60661 SVPS TITI F ☐ Delete TITLE Change ☐ Addition TRANSUE, RALPH E NAME NAME STREET ADDRESS |549 W. RANDOLPH ST., 5TH FLOOR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CHICAGO IL 60661 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: SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Davisme Proces