2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # F9400003026 Jul 12, 2000 8:00 am Secretary of State LOPARDO LAND COMPANY, INC. 07-12-2000 90147 012 ***550.00 Principal Place of Business Mailing Address P.O. BOX 220 3102 TREELINE DRIVE MURRYSVILLE PA 15668-0220 MURRYSVILLE PA 15668 เมร 2. Principal Place of Business 3. Mailing Address 44 Long Meadow (ourt 44 Long Meadow Court Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Applied For 4. FEI Number City & State 25-1721521 Pittsburgh, Pittsburgh Not Applicable Country \$8.75 Additional Country \Box 5. Certificate of Status Desired us Fee Required US 15238 15238 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent NAPOLEON, DANIEL Street Address (P.O. Box Number is Not Acceptable) 672 OAK HOLLOW WAY **ALTAMONTE SPRINGS FL 32714** 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. П Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change CD TITLE ☐ Addition Delete TITLE Costa, Alfonso A. NAME NAME COSTA, ALFONSO A 44 Long Meadow Court STREET ADDRESS STREET ADDRESS 3102 TREELINE DR Pittsburgh, PA 15238 CITY-ST-ZIP CITY-ST-ZIP MURRYSVILLE PA ☐ Addition PUST Change TITLE PVST ☐ Delete COSTA, ALFONSO A NAME Costa, Alfonso A. STREET ADDRESS STREET ADORESS 44 Long Meadow Court 3102 TREELINE DR CITY-ST-7IP CITY-ST-ZIP MURRYSVILLE PA ☐ Addition Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

13. I hereby certify that the information stipplied 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 ontrustee error execute this about as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment withlan address, with all gither like empowered.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

OSTA 6-26-00

Daytime Phone #