FILED Apr 20, 1999 8:00 am

Secretary of State

04-20-1999 90067 002 ***150.00



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # F9400004967 1. Corporation Name

RICHMOND REALTY CORPORATION

BEALE, CHARLES L

STAMFORD CT 06901

PETER R PORRINO

MARK R SARLITTO

STAMFORD CT 06901

STAMFORD CT 06901

JOHN R GARTHWAITE

100 N TAMPA ST

PCEO

EVPD

ONE LANDMARK SQUARE

ONE LANDMARK SQUARE

ONE LANDMARK SQUARE

L	<u> </u>				<u> </u>		83181 1 88 1 8 8 81
Principal Place of Business Mailing Address							6)(t) (60) (60)
1415 FOULK RD		1415 FOULK RD					
STE 205 WILMINGTON DE 19803		STE 205 WILMINGTON DE 19803		DO NOT WRITE IN TI	DO NOT WRITE IN THIS SPACE		
US		US		3. Date Incorporated or Qualifed	3. Date Incorporated or Qualifed		
}					09/26/1994		
Principal Place of Business Za. Mailing Address					4. FEI Number	Apr	plied For
21 26					51-0306826		t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75 A	
22		27					quired
City & Stat	e	City & State			6. Election Campaign Financing	\$5.00	
23					Trust Fund Contribution	Added to	o Fees
Zip	Country	Zip	Country		8. This corporation owes the current year		□No i
24 25 29 30			<u> </u>		Personal Property Tax. 10. Name and Address of New Register		
9. Name and Address of Current Registered Agent				Name	10. Haile and Address of New Mogister	ed Agent	
CT CORPORATION SYSTEM				L			
1200 S. PINE ISLAND RD			82	Street /	Address (P.O. Box Number is Not Acceptable)		
PLANTATION FL 33324			83				
)							
			84	City		85 Zip C	Code
11 Pursuant to the provisions of Sections 607 0502 and 607 1508 Florida Statutes, the above-named corporation submits this statement for the purpose of changing its rec							registered
L .4C	anistalaine amant au bath in the Ctata o	f Elavida. Cuah ahanga uma auth	orizad bu	the come	ration's board of directors. I hereby accept the ap	pointment as rec	gistered
agent. 1 a	m familiar with, and accept the obligation	5113 GI, Section 657.0000, Florida	Quidios	•			
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Reg	equired when reinstating) DATE				
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE	VPS 1971 (3)	☐ DELETE	1.1 TITLE			Change	Addition
NAME	VOSS; DEANNA. 12		1,2 NAME			-	
1410 1 0001110 012 200			1.3 STREET	ADDRESS	11 1 200 1000		
CITY-ST-ZIP	WILMINGTON DE		1.4 CITY-S	T-ZIP	Wilmington, DE 19803		
TITLE	CD	DELETE	2.1 TITLE	ļ	CIPICEO/D	hange	Addition
NAME	rothman, robert		2.2 NAME		•		
STREET ADDRESS	100 N TAMPA ST #3675		2.3 STREE	ADDRESS			
CITY-ST-ZIP	TAMPA FL		2.4 CITY-S	T-ZIP	Tampa, FL 33602		
TITLE	CVD	☐ DELETE	3.1 TITLE	- 1	· ·	Change	☐ Addition

TAMPA FL 33602 CITY-ST-ZIP 14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

3.2 NAME

4.1 TITLE

4.2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

□ DELETE

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

54 CITY-ST-ZIP

4.4 CITY-ST-ZIP

3.4. CITY-ST-ZIP

Tampa, EVP/D

lampa,

Park City,

Buchanan, Kim P.

SIGNATURE:

NAME

TITLE

NAME

TITLE

NAME

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

100 N. Tampa Street,

100 N. Tampa Street, Suite 3675

100 N. Tampa Street, Suite 3675 Tampa, FL 33602

Scaplione, Leonard 1245 Dur Valley Drive, Svite 3B Park City, VT 84060

Svite 3675

☐ Change

Change