2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jul 19, 2000 8:00 am Secretary of State DOCUMENT # F9400006529 1. Entity Name JRK ASSET MANAGEMENT, INC. 07-19-2000 90013 017 ***550.00 Principal Place of Business Mailing Address 11766 WILSHIRE BLVD 11766 WILSHIRE BLVD STE 1450 STE 1450 LOS ANGELES CA 90025 LOS ANGELES CA 90025 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 95-4337954 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 PARACORP INCORPORATED Street Address (P.O. Box Number is Not Acceptable) 236 EAST 6TH AVENUE TALLAHASSEE FL 32303 Zip Code 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, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 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. TITLE **PCEO** ☐ Delete TITLE ☐ Addition NAME LIPPMAN, JAMES NAME STREET ADDRESS STREET ADDRESS 11766 WILSHIRE BLVD SUITE 1270 CITY-ST-ZIP CITY-ST-ZIP LOS ANGELES CA 90025 SVP ☐ Delete TITLE Change Change Addition TITLE MC KEE, JOHN S NAME NAME STREET ADDRESS STREET ADDRESS 11766 WILSHIRE BLVD SUITE 1270 CITY-ST-ZIP CITY-ST-ZIP LOS ANGELES CA 90025 ☐ Change Addition TITLE CF0 ☐ Delete TITLE SCHULMAN, JAY NAME NAME 11766 WILSHIRE BLVD SUITE 1270 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LOS ANGELES CA 90025 ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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 of 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 REQUIRED SIGNATURE AND TYPED OF PRINTED PARTY SIGNING OFFICER OF DIRECT

| \(\frac{100}{200} \) | \(\frac{310-268-5}{200} \) | Date \(\frac{1}{200} \) | Daytime Phone #