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1997

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FLORIDA DEPARTMENT OF STATE

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Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F95000002280 (4)

BUSINESS PLANNING ASSOCIATES, INC. DELAWARE

| Principal Place of Business | Mailing Address | | | | | | | 1811 1811 |
|--|---|---|---|---|--|---------------|-----------------------------|-------------------------|
| P.O. BOX 55 | | P.O. BOX 55 OLDSMAR FL 34677-0001 | | | | | | |
| OLDSMAR FL 34677 | | | | | · | | | |
| | | | | | 3. Date incorporated or Qualified 05/09/1995 | | of Last Re | eport |
| 2. Principal Place of Business | 2a. Mailing Addres | s | | | 4, FEI Number | | Ар | plied For |
| 1 | 26 | | | | 51-0366465 | | | t Applicat |
| Suite, Apt. #, etc. | Suite, Apt. #, et | tc. | | | 5. Certificate of Status Desired | | \$8.75 A | |
| City & State | City & State | | | | Election Campaign Financing Trust Fund Contribution | | \$5.00 Added t | |
| Zip Country | Zip | ⊢ — | ountry | | 8. This corporation has liability for | intangible ta | x under s. | |
| 25 Name and Address | 29 s of Current Registered Agent | 30 | | | Florida Statutes 10. Name and Address of New Re | 3 | | |
| | s of Content Registered Agent | | 81 | Name | 10, Maine and Address of New No. | Areteran wh | Lei II | |
| GRIFFIN, JOHN J | | | | | | | | |
| 4772 STONEVIEW CIRCLE OLDSMAR FL 34677 | | | 82 | Street Addr | ress (P.O. Box Number is Not Acceptab | ole) | | |
| | | | 63 | | | | | |
| | | | 84 | City | | | 85 Zip (| Code |
| | | | | | | FL. | | |
| office or registered agent, or both. | in the State of Florida. Such change pt the obligations of, Section 607.05 | e was authoriz | ized by | the corporat | poration submits this statement for the p tion's board of directors. I hereby accep | ot the appoi | ntment as | registered |
| (CALATLIDE | | | | | | | | |
| | of registered agont and the if applicable | (NOTE: Registe | ered Ager | nt signature requi | ired when reinstating) | DATE | | |
| Signature, typed or printed name of 2. OF | FICERS AND DIRECTORS | 18 | 3. | nt signature requir | ired when reinstating) ADDITIONS/CHANGES TO OFFIC | ERS AND D | | |
| Signature, typed or printed name of | | 13 TE 1.1 | 3. 1 TITLE | nt signature requi | | ERS AND D | DIRECTOR Change | |
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