2001 UNIFORM BUSINESS REPORT (UBR) FILED Feb 16, 2001 8:00 am DOCUMENT # F95000006084 Secretary of State 1. Entity Name 2-10 HOME BUYERS WARRANTY OF VIRGINIA, INC. 02-16-2001 90022 031 ***150 00 Principal Place of Business Mailing Address 2305 EAST ATLANTIC BOULEVARD 2305 EAST ATLANTIC BOULEVARD POMPANO BEACH FL 33062 POMPANO BEACH FL 33062 3. Mailing Address 2. Principal Place of Business NW K 6600 10600 NW DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. SUITE SUITE City & State 4. FEI Number Applied For City & State 52-1630113 HOITATION Not Applicable NOITATUA Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent VOORHEES, MARY M Street Address (P.O. Box Number is Not Acceptable) SUITE 2305 EAST ATLANTIC BOULEVARD POMPANO BEACH FL 33062 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. 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 \$5.00 May Be Flection 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 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 Addition TITLE □ Delete TITLE NAME NAME BONHAM, ROBERT Y STREET ADDRESS STREET ADDRESS 1620 EAST LAS OLAS BOULEVARD CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL 33301 SECTION ☐ Change X Addition TITLE Delete MARY M. VOORHEES NAME ANGELBELLO, PATRICIA R NAME 1240 SW 5th COURT STREET ADDRESS 609 SW 13TH STREET STREET ADDRESS CITY-ST-7IP BOCA RATON CITY-ST-ZIP FL 33432 FT. LAUDERDALE FL 33315 **X** Addition TREASURER Change ☐ Delete TITLE TITLE DANIEL BOYLE NAME NAME 2010 NW 23 RD ST. STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change [7] Addition ☐ Delete TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 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 AND THE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARY M. YOURHEES

/6/01 (994) 585-650

Daytime Phone #

CHZE034 (10/