2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED DOCUMENT # F9600001997 Jan 21, 2000 8:00 am **Secretary of State** ANDREW W. BOOTH AND ASSOCIATES, INC. 01-21-2000 90065 019 ***150.00 Principal Place of Business Mailing Address 1942 NORTHWOOD DRIVE 1942 NORTHWOOD DRIVE SALISBURY MD 21801-7824 SALISBURY MD 21801-7824 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 52-1301174 Not Applicable Zip Country 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 Name CHILDERS, ROY K Street Address (P.O. Box Number is Not Acceptable) 5694 SOUCHAK DR. WEST PALM BEACH FL 33413 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. PCD ☐ Delete Addition TITLE TITLE NAME NAME BOOTH, ANDREW W STREET ADDRESS STREET ADDRESS 8402 HILDA DRIVE CITY-ST-ZIP CITY-ST-ZIP SALISBURY MD Change Addition TITLE Delete TITLE NAME STUCHLIK IV. CHARLES F NAME STREET ADDRESS STREET ADDRESS RD 4 BOX 111A CITY-ST-7IP CITY-ST-ZIP GEORGETOWN DE TITLE STD JITLE ☐ Change ☐ Addition NAME SHAHAN, JOHN R NAME 3424 RESIDENTIAL DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ALLEN MD ☐ Addition Delete TITLE □ Change NAME HERMAN, KENNETH R NAME STREET ADDRESS STREET ADDRESS 1138 NEVINS PLACE CITY-ST-ZIP CITY-ST-ZIP SALISBURY MD ☐ Delete Change Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. Thereby certify that the information supplied with this filling 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. CHARLES F. STUCHLIK