2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

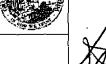
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 Entity Name DH TÁX, INC.



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SECRETARY OF STATE FALLAHASSEE. FLORIDA



Principal Place of Business Mailing Address -3950 RCA-RI VO. 3950 RCA BLVD. SUITE-5001 **SUITE 5001** PALM BEACH GARDENS, FL. 33410 PALM BEACH GARDENS, FL 33418 3960 RCA Blvd. Suite 6002 3960 RCA Blvd. Suite 6002 Palm Beach Gardons, 33410 3. Mailing Address 2. Principal Place of Sushess 33410 Suite Ant # etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number 75-2648048 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT CORPORATION CENTER SYSTEM 1200 S PINE ISLAND RD Street Address (P.O. Box Number Is Not Acceptable) PLANTATION, FL 33324 Zip Code F١ 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agents ignature required when reinstating) FILE NOW!!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Change Addition Delete 1ALE WERTHEIM, RAM NAME NAME 100021132481 113 KING STREET STREET ADDRESS STREET ADDRESS 06/25/03--01030--021 **550.00 ARMONK, NY 10504 City-ST-ZP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME BUDNICK, NEIL G NAME 113 KING STREET STREET ADDRESS STREET ADDRESS ARMONK, NY 10504 CITY-ST-ZIP CITY-ST-7P ☐ Delete TITLE TITLE ☐ Addition ☐ Change WENTWORTH, BRUCE R NAME 2 CORPORATE DR 3RD FLOOR STREET ADDRESS STREET ADDRESS CITY-ST-7P SHELTON, CT 06848 CITY-S1-2(P TITLE ☐ Delete TOLE ☐ Change ☐ Addition CULLEN, PAULINE M NAME NAME STREET ADDRESS 113 KING STREET STREET ADDRESS CITY-ST-2P ARMONK, NY 10504 CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change Addition GUNDERSON, GEORGE NAME NAME 3950 RCA BLVD, STE 5001 STREET ADDRESS STREET ADDRESS WEST PALM BEACH, FL 33410 CITY-ST-ZP CITY-ST-ZIP Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-2IP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3Xi). 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

(866) 279–6428

SIGNATURE:

Druce L Wenton & SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #