2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F97000001813 May 12, 2000 8:00 am Secretary of State BUSINESS FILINGS INCORPORATED 05-12-2000 90042 023 ***150.00 Principal Place of Business Mailing Address 8025 EXCELSIOR DRIVE, SUITE 200 8025 EXCELSIOR DRIVE, SUITE 200 MADISON WI 53717-1900 MADISON WI 53717 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite. Ant. #. etc. Applied For City & State City & State 4. FEI Number 39-1859909 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent reet Address (PA Box Number is Not Asceptable SLAYTON, DAVID 1186 OCEAN SHORE BLVD. SUITE 195 **ORMOND BEACH FL 32176** 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 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Delete TITLE TITLE WIEGAND, BRIAN NAME NAME BODS Excelsion Drive, Suite 200 Madison, WE 53717 STREET ADDRESS 214 NORTH HENRY SUITE 201 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MADISON WI 53703 ☐ Delete TITLE TITLE NAME OSTER, RICHARD NAME 8025 Excelsion Drive Suite 200 STREET ADDRESS STREET ADDRESS 214 NORTH HENRY SUITE 201 CITY-ST-ZIP CITY-ST-ZIP MADISON WI 53703 □ · Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IF

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 peaddress, with all other like empowered.

SIGNATURE: