

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Feb 27, 2001 08:00 AM**
Secretary of State**DOCUMENT # F97000002312**1. Entity Name
ARC-TM, INC.

Principal Place of Business

200 S. ANDREWS AVE

Mailing Address

200 S. ANDREWS AVE

FT. LAUDERDALE
33301

FL

US

FT. LAUDERDALE
33301

FL

US

2. Principal Place of Business

200 S. ANDREWS AVE, 11TH FLOOR

3. Mailing Address

200 S. ANDREWS AVE, 11TH FLOOR

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
FT. LAUDERDALE

FL

City & State
FT. LAUDERDALE

FL

Zip
33301Country
USZip
33301Country
US

4. FEI Number

65-0747699

Applied For

Not Applicable

5. Certificate of Status Desired

☐**\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROADPLANTATION
33324

US

FL

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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.

SIGNATURE _____ 02/27/2001

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00****After MAY 1, 2001 Fee will be \$550.00****Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAS SIMPSON JEFFREY K 1209 MARKET STREET, SUITE 1700 WILMINGTON DE 19801	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DAS STEWART GORDON W 1209 MARKET STREET, SUITE 1700 WILMINGTON DE 19801	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WOOD MARY 200 S. ANDREWS AVE. FORT LAUDERDALE FL 33301	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVAS HURST O. MASON II 200 S. ANDREWS AVE. FORT LAUDERDALE FL 33301	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HYLE KATHLEEN 200 S. ANDREWS AVE. FT. LAUDERDALE FL 33301	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVS SCHWARTZ HOWARD 200 S. ANDREWS AVE. FT. LAUDERDALE FL 33301	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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: Howard D. Schwartz

S

02/27/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)

LELAND F. WILSON, VP AND TREASURER
200 S. ANDREWS AVE.

FORT LAUDERDALE, FL 33301

MICHAEL J. GOING, PRESIDENT
200 S. ANDREWS AVE.

FORT LAUDERDALE, FL 33301