

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 FT. LAUDERDALE 33301	FL	Mailing Address 200 S. ANDREWS AVE FT. LAUDERDALE 33301	FL
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2. Principal Place of Business 200 S. ANDREWS AVE, 11TH FLOOR	3. Mailing Address 200 S. ANDREWS AVE, 11TH FLOOR
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State FT. LAUDERDALE FL	City & State FT. LAUDERDALE FL
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Zip 33301	Country US	Zip 33301	Country US
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4. FEI Number 65-0747699	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD

 PLANTATION FL
 33324 US

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 _____ DATE **02/27/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

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 (1/1/00)

**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