2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: A

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 30, 2001 8:00 am Secretary of State DOCUMENT # F9700003348 1. Entity Name 05-30-2001 90025 006 ***550.00 EDCO INSURANCE SERVICES, INC. Principal Place of Business Mailing Address 650 CIT DR 650 CIT DR A0071645 LIVINGSTON NJ 07039 LIVINGSTON NJ 07039 2. Principal Place of Business 3. Mailing Address Suite, Apt. # etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 35-2003494 Not Applicable Zip Country Zio Country \$8.75 Additional 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 SYSTEMS Street Address (P.O. Box Number is Not Acceptable) 1200 SO PINE ISLAND RD PLANTATION FL 33324 City Zip Code 8. The above named entity submits this statement for the purpose of changing its egistered office or registered agent, or both, in the State of Florida (NOT: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable 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, 2()1 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criter a on back) Make Check Payal le to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. \mathcal{D} Change TD Delete TITLE TITLE Nullmeyer Bradley Nully 650 CIT Drive NAME NAME WILSON, GEORGE STREET ADDRESS STREET ADDRESS 181 BAY ST STE 3500 Livingston CITY-ST-ZIP CITY-ST-ZIF NY TORONTO ONTARIO CANADA TITLE **VD** Delete TITLE \wp Change X Addition Karen Almond NAME BOYES, W S NAME STREET ADDRESS CIT Drive STREET ADDRESS 111 MONUMENT CIRCLE STE 2700 BANK 1 TOWER 650 07030 CITY-ST-ZIP CITY-ST-ZIP INDIANAPOLIS IN 46204 TITLE VSD TITLE Change Addition Inaato Robert NAME NAME HICKS, ROBERT J STREET ADDRESS 650 CIT Drive STREET ADDRESS 111 MONUMENT CIRCLE STE 2700 BANK 1 TOWER CITY-ST-ZIP CITY-ST-ZIP 07039 INDIANAPOLIS IN 46204 Addition TITLE ☐ Change TITLE AVAS Delete Salisbury teven HERBST, SCOTT E NAME NAME 650 CIT STREET ADDRESS 111 MONUMENT CIRCLE STE 2700 BANK 1 TOWER STREET ADDRESS 07039 CITY-ST-ZIP CITY-ST-ZIF INDIANAPOLIS IN 46204 ☐ Change TITLE AS Delete TITLE Addition NAME MILBURN, MELISSA M NAME STREET ADDRESS STREET ADDRESS 111 MONUMENT CIRCLE STE 2700 BANK 1 TOWER CITY-ST-ZIP CITY-ST-ZIP **INDIANAPOLIS IN 46204 VCFO** ☐ Change Addition TITLE TITLE NAME BELAND, MICHEL STREET ADDRESS STREET ADDRESS 111 MONUMENT CIRCLE STE 2700 BANK 1 TOWER CITY-ST-ZIP INDIANAPOLIS IN 46204 13. Thereby certify that the information supplied with this filling does not qualify or the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or suppliemental report is true and accurate and the 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 truspee empowered to execute this report or as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if the corporation or the receiver or truspee empowered to execute this report or an attagriment with an address, with all other like empower.