FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Jan 30, 2001 8:00 am DOCUMENT # F9700003412 **Secretary of State** LONG TERM HOLDINGS, INC. 01-30-2001 90109 031 ***158.75 Principal Place of Business Mailing Address 2141 ROSECRANS AVE STE 5175 2141 ROSECRANS AVE STE 5175 EL SEGUNDO CA 90245 EL SEGUNDO CA 90245 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 95-4606523 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Q. Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORPAMERICA INC. Street Address (P.O. Box Number is Not Acceptable) 1525 SO ANDREWS AVE STE 216 FORT LAUDERDALE FL 33316 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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, 2001 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 11. OFFICERS AND DIRECTORS 12. Addition CR2E034 (10/00) TITLE ☐ Delete TITLE ☐ Change D NAME LINEHAN, CHARLES NAME ANDREW M.PERKINS STREET ADDRESS C/O NEA, 2490 SAND HILL RD STREET ADDRESS 2141 Rosecrans Ave Ste 5175 CITY-ST-ZIP CITY-ST-ZIP MENLO PARK CA 94025 El Segundo, CA 90245 ☐ Change 77 Addition Delete TITLE TITLE WHITE, TEDDY D NAME NAME STREET ADDRESS STREET ADDRESS 2141 ROSECRANS AVE STE 5175 CITY-ST-7IP CITY-ST-ZIP EL SEGUNO CA 90245 ☐ Addition ☐ Change TITLE TITLE ☐ Delete SCHNITZER, MARTIN NAME NAME STREET ADDRESS STREET ADDRESS 2141 ROSECRANS AVE., #5175 CITY-ST-ZIP CITY-ST-ZIP **EL SEGUNDO CA 90245** ☐ Change ☐ Addition ☐ Delete TITLE TITLE SWENSON, W D NAME NAME STREET ADDRESS C/O FRANKLIN 237 2ND AVE SOUTH STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FRANKLIN TN 34064 CFOT ☐ Delete Change ■ Addition TITLE TITLE EDER, DENNIS NAME NAME 2141 ROSECRANS AVE., #5175 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP EL SEGUNDO CA 90245 TITLE ☐ Delete TITLE ☐ Change ☐ Addition FOLICK, JEFF NAME NAME C/O PACIFICARE 3120 W LAKE CETNER DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP SANTA ANA CA 92799

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Teddy DWhite CEOP 1/17/2001 (310) <u>725-9000</u>