2000 UNIFORM BUSINESS REPORT (UBR) FILED May 08, 2000 8:00 am Secretary of State DOCUMENT # F9800001267 BANYAN INVESTMENT ADVISORS, INC. 05-08-2000 90025 032 ***150.00 Principal Place of Business Mailing Address 700 S. EEDEBAL HWY 700 3 FEDERAL HWY 2. Principal Place of Business 12403 Rockledg 2424 N. Federa DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number Raton, FL 52-2085 189 Not Applicable \$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 GOLDBERG, BARRY F 700 S FEDERAL HWY, STE 200 BOCA RATON FL 33432 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 11. OFFICERS AND DIRECTORS 12. PTS Change Delete TITLE TITLE GOLDBERG, BARRY F NAME NAME STREET ADDRESS STREET ADDRESS 700 S FEDERAL HWY, STE 200 CITY-ST-ZIP CITY-ST-7IP **BOCA RATON FL** CD Change Addition ☐ Delete TITLE TITLE SHAPIRO, GARY L NAME NAME STREET ADDRESS STREET ADDRESS 700 S FEDERAL HWY, STE 200 CITY-ST-7IP CITY-ST-ZIP **BOCA RATON FL** Addition ☐ Delete ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change Addition 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-ZIP ☐ Change ☐ Delete TITLE ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

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