1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F98000002265

1. Corporation Name

BLACK DIAMOND CAPITAL CORPORATION

Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90067 003 ***150.00



Principal Place of Business Mailing Address						I JANISAN ILIO ININI INISI ANTIN ANTIN ANTIN ANTIN ANTIN ANTINI ANTINI ANTINI ANTINI ANTINI ANTINI ANTINI ANTINI
1415 FOULK RD)., STE. 205	1415 FOULK RD., STE. 20	415 FOULK RD., STE, 205			
WILMINGTON DI	E 19803	WILMINGTON DE 19803				DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualifed
						04/21/1998
Principal Place of Business 2a. Mailing Address						4 551 14 4 5 5 5
21		26				APPLIED FOR 61-0380487 Applied For Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						5 Cortifects of Status Desired \$8.75 Additional
27			~			Fee,Required
City & State	e	City & State	City & State			6. Election Campaign Financing \$5.00 May Be
23		28				Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country			8. This corporation owes the current year Intangible Personal Property Tax
24	25	29	30	30		1 cracinal Froporty Text
Name and Address of Current Registered Agent					Name	10. Name and Address of New Registered Agent
C T CORPORATION SYSTEM				81 Name		
1200 SOUTH PINE ISLAND ROAD			[82 Street Address (P.O. Box Number is Not Acceptable)		
	ITATION FL 33324		83			The state of the s
FUN	TANON L COLL		l			
	4		Ī	84	City	85 Zip Code
44 5	to the activities of Sections 607 0502	and 607 1509 Florida Statu	toe the at	VOV.	-named o	corporation submits this statement for the purpose of changing its registered
office or n	egistered agent: or both in the State of	Florida. Such change was a	authonzed	DV I	ine corpoi	ration's board of directors. I hereby accept the appointment as registered
agent. I a	m familiar with, and accept the obligation	ons of, Section 607.0505, Fit	onda Statu	tes.		
SIGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOT)	E: Registered	Agent	t signature re	quired when reinstating) DATE
12.	AVALL TO SHAP OFFICERS AND		13.	_		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	Care transfer of our contract	☐ DELETE	1.1 111	LE	T	CIPICEUD Penange Addition
NAME	ROTHMAN, ROBERT		1.2 NA	ME		-111
STREET ADDRESS	100 N. TAMPA ST., STE. 3675		1.3 ST	REET	ADDRESS	
CITY-ST-ZIP	TAMPA FL 33602		1.4 CIT	Y-ST	ZIP	
TITLE	PCEO	V Z DELETE	2.1 TIT	2.1 TITLE		VP Change Addition
NAME	PORRINO, PETER R	,	2.2 NA	ME	l	Scaglione, Leonard
STREET ADORESS	ONE LANDMARK SQ.		2.3 STREE		ADDRESS	1245 Deer Valley Drive, Svite 38
CITY-ST-ZIP	STAMFORD CT 06901		2. 4 CI	TY-S	T-ZIP	Park City, of 84060
TITLE	V	DELETE	3.1 गा	LE	-	VP/S Change Addition
NAME	SARLITTO, MARK R	,	3.2 NA	ΜE	į	VOSS, Dearma, Cis 200
STREET ADDRESS			3.3 ST	REET	ADDRESS	1415 FOUTH ROLD Suite 205
CITY-ST-ZIP	STAMFOD CT 06901	——————————————————————————————————————	3.4. CI		T-ZIP	wilmington, DE 19803
TITLE	V	☐ DELETE	4.1 TIT			VP/D → Addition
NAME	BUCHANAN, KIM P		4, 2 NA		ļ	}
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP	TAMPA FL 33602	(*) DCI CTC	4.4 CIT		-ZIP	SVD Mehange Addition
TITLE	V V	DELETE	5.1 TIT 5.2 NA			
NAME	BEALE, CHARLES L				ADDRESS	100 N. Tampa Street, Suite 3475
STREET ADDRESS	1415 FOULK RD., STE. 205		5.4 CIT		7IP	100 N. Tampa Street, Suite 3675 Tampa, FL 33602 SUP/T Addition
CITY-ST-ZIP	WILMINGTON DE 19803	☐ DELETE	6.1 TIT		-46	SUP T Change Addition
TITLE	CARTINVALTE IOUN D	[DEEC15	6.2 NA		-	SVF / /
NAME	GARTHWAITE, JOHN R				ADDRESS	
STREET ADDRESS	100 N. TAMPA ST., STE. 3675		6.5 GT			,

TAMPA FL 33602

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: