2000 UNIFORM BUSINESS REPORT (UBR)

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

FILED DOCUMENT # F98000002464 Apr 07, 2000 8:00 am Secretary of State 1. Entity Name HIGHLAND CENTER, INC. 04-07-2000 90048 023 ***150.00 Principal Place of Business Mailing Address % CONTINENTAL REALTY CORP. % CONTINENTAL REALTY CORP. 17 W. PENNSYLVANIA AVE., STE. 500 17 W. PENNSYLVANIA AVE., STE, 500 TOWSON MD 21204-5067 TOWSON MD 21204 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 52-2098792 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent RYAN, JEAN A ESQ. Street Address (P.O. Box Number is Not Acceptable) BOND, SCHOENECK & KING, P.A. 1167 THIRD ST., SOUTH NAPLES FL 34102 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 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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change Addition TITLE □ Delete TITLE LUETKEMEYER, JOHN A JR. NAME NAME STREET ADDRESS STREET ADDRESS 17 WEST PENNSYLVANIA AVE., STE. 500 CITY-ST-ZIP CITY-ST-ZIP TOWSON MD 21204 Addition Delete Change TITLE SCHAPIRO, J. MARK NAME STREET ADDRESS STREET ADDRESS 17 WEST PENNSYLVANIA AVE., STE. 500 CITY-ST-ZIP CITY-ST-ZIP **TOWSON MD 21204** ☐ Addition ☐ Change VAS ☐ Delete TITLE NAME KINNEAR, WILLIAM H NAME STREET ADDRESS STREET ADDRESS 17 WEST PENNSYLVANIA AVE., STE. 500 CITY-ST-ZIP CITY-ST-ZIP TOWSON MD 21204 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

3/29/00 4/0-296-4800