2002 UNIFORM BUSINESS REPORT (UBR)

Feb 21, 2002 8:00 am § Secretary of State DOCUMENT # F98000003046 1. Entity Name WORKFLOW MANAGEMENT, INC. 02-21-2002 90058 042 ***150.00 Principal Place of Business Mailing Address 241 ROYAL PALM WAY 241 ROYAL PALM WAY PALM BEACH FL 33480 PALM BEACH FL 33480 2. Principal Place of Business 3. Mailing Address 240 Royal Palm Way 240 Royal Palm Way Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 06-1507104 Not Applicable Zip Country Zip 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 C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City Zio Code FL 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) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE CR2E034 (9/01) TITLE ☐ Delete X Change ☐ Addition NAME D'AGOSTINO, THOMAS B NAME 240 Royal Palm Way STREET ADDRESS 241 ROYAL PALM WAY STREET ADDRESS CITY-ST-ZIP PALM BEACH FL 33480 CITY-ST-ZIP ☐ Delete DEVP TITLE DCP TITLE XI Change ☐ Addition NAME GIBSON, STEVEN R NAME STREET ADDRESS 241 ROYAL PALM WAY STREET ADDRESS 240 Royal Palm Way CITY-ST-ZIP PALM BEACH FL 33480 CITY-ST-ZIP TITLE X Delete **EVPS** TITLE Vice President Change X Addition NAME AMLIE, CLAUDIA S NAME Ann Edleman STREET ADDRESS 241 ROYAL PALM WAY STREET ADDRESS 240 Royal Palm Way Palm Beach, FL 33 CITY-ST-ZIP PALM BEACH FL 33480 CITY-ST-ZIP TITLE DCP ☐ Delete TITLE DEVP ▼ Change ☐ Addition NAME D'AGOSTINO, JR., THOMAS B NAME STREET ADDRESS 270 PARK AVENUE SOUTH STREET ADDRESS CITY-ST-ZIP NEW YORK NY 10010 CITY-ST-ZIP TITLE ☐ Delete TITLE **EVPTS** Change ☐ Addition NAME SCHMICKLE, MICHAELL NAME 240 Royal Palm Way STREET ADDRESS 241 ROYAL PALM WAY STREET ADDRESS CITY-ST-ZIP PALM BEACH FL 33480 CITY-ST-ZIP **CFO** TITLE X Delete ☐ Addition SCHMICKLE, MICHAELL NAME NAME James E. Hurley STREET ADDRESS 241 ROYAL PALM WAY STREET ADDRESS 240 Royal Palm Way CITY-ST-7IP PALM BEACH FL 33480 CITY-ST-ZIP Palm Beach, FL 33480

SIGNATURE:

MENATURE PEQUIRED GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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

2/**08**/2002

(561) 659-6551

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

Daytime Phone #

FILED