2001 UNIFORM BUSINESS REPORT (UBR)

May 17, 2001 8:00 am Secretary of State DOCUMENT # F98000004136 05-17-2001 91279 006 ***150.00 FOR LAND SAKE REALTY, INC. Principal Place of Business Mailing Address 4710 KINSEY DR 4710 KINSEY DR 765545 **TYLER TX 75703** TYLER TX 75703 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FE! Number 75-2733093 City & State City & State Not Applicable \$8.75 Additional Country Country 5. Certificate of Status Desired. Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CROSBY, BENJAMIN E Street Address (P.O. Box Number is Not Acceptable) 876 ORIOLE DR. WINTER HAVEN FL 33884 Zip Code City 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (10/00) Addition Change PD TITI F Delete TITLE CROSBY, BEN NAME NAME STREET ADDRESS 876 ORIOLE DR. STREET ADDRESS CITY-ST-ZIP WINTER HAVEN FL CITY-ST-ZIP Addition TITLE ☐ Delete TITLE STIEFEL, MELVIN NAME NAME 4710 KINSEY DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TYLER TX.75703 ---CITY-ST_ZIP X Change ☐ Addition STD ☐ Delete STD TITI F TITLE DEWET, HENK DEWET, HENK NAME NAME STREET ADDRESS 3933 FM 344 E. 116 E. HERITAGE DR STREET ADDRESS CITY-ST-ZIP TYLER, TX 75703 CITY-ST-ZIP TYLER TX Change ☐ Addition TITLE Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITI F ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: G OFFICER OR DIRECTOR

FILED