DII DD

DOCUMENT # F9800005105 1. Entity Name MENIN DEVELOPMENT COMPANIES, INC.							May 08, 2000 8:00 am Secretary of State			
Principal Plac 201 N. US HWY IUPITER FL 334	r 1, suite d-		Mailing Address 7443 LEE DAVIS ROAD SUITE #300 MECHANICSVILLE VA 23111-4400 US							
2. Principal F 201 No Suite, Apt. D-5	orth U	ness .S. Hwy One	3. Mailing Address 201 North U.S. Hwy One Suite, Apt. #, etc. D-5			ne	DO NOT WRITE IN THIS SPACE			
City & Stat Jupite	er, FL		City & State Jupiter, FL			4.	13-3362734	———	oplied For ot Applicable	
Zip 3 3 4 7 7	Zip 33477 Country Palm Beach		Zip 33477	Country Palm Beach		h 5.	Certificate of Status Desired	\$8.75 Add Fee Require		
	6. Name	and Address of Current R	legistered Agent				Name and Address of New Registered	Agent		
BOYLE, CONRAD J ESQ MOMBACH, BOYLE & HARDIN 500 E. BROWARD BLVD, SUITE 1950					Name Street Address (P.O. Box Number is Not Acceptable)					
FT LAUDERDALE FL 33394			City			FI	Zip Cod			
SIGNATURE . 9. This corporate filing r	Signature, typed	or printed name of registered agent artible to satisfy its Intangible and elects to do so.		Registered	Agent signature re S \$150.00 vill be \$550	nedw beniupe	10. Election Campaign Financing	\$5.0 Added	00 May Be	
11.		OFFICERS AND D	DIRECTORS	12.		A	DDITIONS/CHANGES TO OFFICERS AN	D DIRECTOR	S IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MECHANICSVILLE VA 23111 V O'BRIEN, J. THOMAS JR		☐ Delete	Delete TITLE NAME STREE' CITY-S		Menin 201 N	dent , Craig I. Worth U.S. Hwy One, er, EL 33477	Change D - 5	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					T ADDRESS	Vice President Change Addition Jacoby, Robert C. 201 North U.S. Hwy One D-5				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MEGINAINI	SOURCE VA ZOTTI	Delete	~ TITLE NAME STREET CITY-S	T ADDRESS	Jupi t	er, FL 33477	← 🖃 Change ~	Āddition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET CITY-S	T ADDRESS	,		☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET CITY-S	T ADDRESS			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS			☐ Delete	TITLE NAME	T ADDRESS			☐ Change	☐ Addition	

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 acceptate 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

NING OFFICER OR DIRECTOR

4-24-00