2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Aug 08, 2000 8:00 am Secretary of State DOGUMENT # F9800005718 1. Entity Name PEOPLE3, INC. 08-08-2000 90021 044 ***550.00 Principal Place of Business Mailing Address VANTAGE COURT NORTH, 200 COTTONTAIL LN VANTAGE COURT NORTH, 200 COTTONTAIL LN SOMERSET NJ 08873 SOMERSET NJ 08873 A0071807 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 22-3609913 Not Applicable Zip Country 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 Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD **PLANTATION FL 33324** City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 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 12. 11. Delete Addition CC 15:/00 TITLE TITLE PITTENGER, LINDA NAME NAME STREET ADDRESS STREET ADDRESS 200 COTTONTAIL LANE CITY-ST-ZIP CITY-ST-7IP SOMERSET NJ ☐ Change Addition ☐ Delete TITLE T(T) F LAVALETTE, GUY P NAME NAME STREET ADDRESS STREET ADDRESS 200 COTTONTAIL LANE CITY+ST-7IP CITY-ST-ZIP SOMERSET NJ ☐ Change — ☐ Addition ☐ Defete TITLE TITLE BERRY, DIANE NAME STREET ADDRESS 200 COTTONTAIL LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SOMERSET NJ ☐ Change Addition ☐ Delete TITLE TITLE SANDERSON, PHIL NAME NAME STREET ADDRESS STREET ADDRESS 750 BATTERY STREET, 7TH FL CITY-ST-ZIP SAN FRANCISCO CA CITY-ST-ZIP ☐ Delete Change Addition TITLE TITLE ESKENAZI, STEVE NAME STREET ADDRESS STREET ADDRESS 750 BATTERY STREET, 7TH FL CITY-ST-ZIP CITY-ST-ZIP SAN FRANCISCO CA Addition CFQL ☐ Delete TITLE TITLE Gordon LAVAlette NAME NAME 200 (ct+outail STREET ADDRESS STREFT ADDRESS CITY-ST-7(P CITY-ST-7IP Somewet N.J 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

GUNDON LAVALETTE 1/71/00 732-563-27

FILED