2001 UNIFORM BUSINESS REPORT (UBR)

Apr 25, 2001 8:00 am Secretary of State DOCUMENT # F9800007006 1. Entity Name WAM HOLDINGS II, INC. 04-25-2001 90279 001 ***450.00 Mailing Address Principal Place of Business C/O M. CHORAZYCZEWSKI 500 WOODWARD AVE idetroit mi 48226 PO BOX 75000 **DETROIT MI 48275** 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 38-3426903 Not Applicable Country \$8.75 Additional Country Zip Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 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. SIGNATURE DATE (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 10. Election Campaign Financing \$5.00 May Be 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 11. OFFICERS AND DIRECTORS 12 ___ Change ☐ Addition PD Delete TITLE TITLE ESHELMAN, GEORGE C NAME STREET ADDRESS 500 WOODWARD AVE STREET ADDRESS CITY-ST-ZIP **DETROIT MI 48226** CITY-ST-ZIP ☐ Addition Change TITLE VSTD ☐ Delete TITLE NAME Yonkman, mark w NAME STREET ADDRESS 500 WOODWARD AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **DETROIT MI 48226** resident & Director X Change ☐ Addition TITI F TITLE Delete ewis, John D. LEWIS, JOHN D NAME NAME \$00 Woodward Ave. STREET ADDRESS STREET ADDRESS 500 WOODWARD AVENUE CITY-ST-7IP Detroit, MI 48226-3384 CITY-ST-ZIP **DETROIT MI 48226-3384** ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITI É ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Delete TITLE ☐ Channe TITLE 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 of 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.

Mark W. Yonkman, Secretary SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR