2004 FOR PROFIT CORPORATION

ANNUAL REPORT

Secretary of State 03-05-2004 90009 028 ***150.00 DOCUMENT # F99000000972 TCR EAST COAST FINANCIAL SERVICES, INC. CACCIURE Principal Place of Business Mailing Address 6400 CONGRESS AVE 6400 CONGRESS AVE STE 2100 STE 2100 BOCA RATON, FL 33487 BOCA RATON, FL. 33487 2. Principal Place of Business 3. Mailing Address Suite, Apt, #, etc. Suite, Apt. #, etc. 02202004 Cha-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 75-2803751 Not Applicable \$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 CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 City Zip Code FI 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 .10. 11. TITLE ☐ Delete TITLE ☐ Addition NAME TERWILLIGER, JR NAME STREET ADDRESS 2859 PACES FERRY ROAD, STE 1100 STREET ADDRESS CITY-ST-7/P ATLANTA, GA CITY-ST-ZIP Delete TITLE TITLE Change ☐ Addition CROW, HARLAN R NAME STREET ADDRESS 2100 MCKINEEY AVE STE 700 STREET ADDRESS CITY-ST-ZIP DALLAS, TX 75201 CITY-ST-ZIP VTS TITLE Oelete TITLE ☐ Change ☐ Addition PATTERSON, THOMAS J NAME NAME 2101 BRYAN ST STE 3700 STREET ADDRESS STREET ADDRESS

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

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NAME

CITY-ST-ZIP

TITLE

NAME

TITLE

DALLAS, TX 73201

STEINHARDT, SHARI

BOCA RATON, FL 33487

6400 CONGRESS AVE STE 2100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02, 85.04

FILED Mar 05, 2004 8:00 am

Change

Change

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☐ Addition

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