## 2001 UNIFORM BUSINESS REPORT (UBR)

## **FILED** Mar 27, 2001 8:00 am Secretary of State **DOCUMENT # F99000002561** D. G. JOHNSEN INVESTMENTS, INC. 03-27-2001 90021 007 \*\*\*150.00 Principal Place of Business Mailing Address C/O RICHARD P. SILLS C/O RICHARD P. SILLS 2100 PENNSYLVANIA AVE., SUITE 400 2100 PENNSYLVANIA AVE., SUITE 400 WASHINGTON DC 20037 WASHINGTON DC 20037 2. Principal Place of Business 3. Mailing Address 2099 Pennsylvania Avenue, NW 2099 Pennsylvania Avenue, NW Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite 100 Suite 100 Applied For City & State City & State 4. FEI Number 54-1299238 Not Applicable Washington, Do Washington, Country \$8.75 Additional Zip 5. Certificate of Status Desired 20006 Fee Required 20006 USA USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name INTRASTATE REGISTERED AGENT CORPORATION Street Address (P.O. Box Number is Not Acceptable) C/O HOLLAND & KNIGHT LLP 701 BRICKELL AVE., SUITE 3000 **MIAMI FL 33131** 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. PCD PCD ★ Change ☐ Delete TITLE TITLE SILLS, RICHARD P NAME Sills, Richard P. NAME 2100 PENNSYLVANIA AVENUE NW, SUITE 400 STREET ADDRESS STREET ADDRESS 2099 Pennsylvania Avenue, NW, Suite 100 CITY-ST-ZIP CITY-ST-7IP WASHINGTON DC 20037 Washington, DC 20006 ☐ Delete TITI F TITLE JOHNSEN, DAVID G NAME NAME STREET ADDRESS STREET ADDRESS 2260 S.E. 8TH STREET CITY-ST-ZIP CITY-ST-ZIP POMPANO BEACH FL 33062 **▼** Change ☐ Addition ☐ Delete TITLE Chadick, Shelley L. CHADICK, SHELLEY L NAME NAME 2099 Pennsylvania Avenue, NW, Suite 100 2100 PENNSYLVANIA AVENUE, SUITE 400 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WASHINGTON DC 20037 Washington, DC 20006 Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DITHE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME

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 traffice 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 te empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

Richard P. Sills SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR