2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED Jan 29, 2001 8:00 am Secretary of State DOCUMENT # F99000002881 TCA TRUSTCORP AMERICA, INC. 01-29-2001 90020 035 ***158.75 Principal Place of Business Mailing Address 5301 WISCONSIN AVENUE, NW 5301 WISCONSIN AVENUE, NW WASHINGTON DC 20015 WASHINGTON DC 20015 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 52-1929696 Not Applicable Zip Country Zip 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 Rygistered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code 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 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. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. TITLE ☐ Delete TITLE Plesea, Stetan URBAN, THEODORE NAME NAME 5301 Wisconsin Are suite 450 1700 PENNSYLVANIA AVENUE, NW SUITE 700 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WASHINGTON DC 20006 CITY-ST-ZIP washington DC 20015 ☐ Delete TITLE TITLE Seran, Stephonie 1700 Pennsylvonia Ave, Ste 700 RUSSELL, WILLIAM NAME 5301 WISCONSIN AVENUE SUITE 450 STREET ADDRESS STREET ADDRESS wosh, OC 2000 C CITY-ST-ZIP WASHINGTON DC 20015 CITY-ST-ZIP TITLE TITLE Calvert, Roger Ave, svite 705 NAME LUBLIN, ED NAME 1501 M STREET, NW SUITE 700 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WASHINGTON DC 20005 CITY-ST-ZIP washing ton. ☐ Delete ☐ Addition Change FERRIS, GEORGE NAME NAME 1700 PENNSYLVANIA AVENUE, NW SUITE 700 STREET ADDRESS STREET ADDRESS **WASHINGTON DC 20006** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition MORGAN, MIKE NAME 5301 WISCONSIN AVENUE SUITE 450 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WASHINGTON DC 20015 CITY-ST-7IP Delete TITLE Change ☐ Addition TA, KEVIN NAME NAME 5301 WISCONSIN AVENUE SUITE 450 STREET ADDRESS STREET ADDRESS **WASHINGTON DC 20015** 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 or trustee expowered the 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 at other large empowered.

HATTHE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR TO RUSSELL 1/06/2001 2025