2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # F9900004205 May 13, 2000 8:00 am Secretary of State AGENTS ASSOCIATION OF AMERICA, INC. 05-13-2000 90011 031 ***150.00 Principal Place of Business Mailing Address P.O. BOX 1146 P.O. BOX 1146 **ROHNERT PARK CA 94927** ROHNERT PARK CA 94927-1146 2. Principal Place of Business 7. O. Box 1146 DO NOT WRITE IN THIS SPACE Applied For 68-0150146 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 C T CORPORATION SYSTEM ... Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 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, 2000 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 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Change TITLE Delete TITLE ALEXANDER, ANN STREET ADDRESS STREET ADDRESS **801 HOLLY AVENUE** CITY-ST-ZIP CITY-ST-ZIP **ROHNERT PARK CA 94928** ☐ Delete Change Addition TITLE NAME ALEXANDER, FRANK L II STREET ADDRESS STREET ADDRESS 1215 ILLINOIS STREET CITY-ST-ZIP CITY-ST-ZIP VALLEJO CA 94590 Addition CD ☐ Delete TITLE NAME ALEXANDER, FRANK L SR. STREET ADDRESS STREET ADDRESS **801 HOLLY AVENUE** CITY-ST-ZIP CITY-ST-ZIP **ROHNERT PARK CA 94928** ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Change Addition ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CII. T-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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if Coull L. ALexander II

SIGNATURE: