2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 25, 2001 8:00 am Secretary of State DOCUMENT # **F99000006659** EXCHANGE SOLUTIONS, INC. 04-25-2001 90189 026 ***150.00 Principal Place of Business Mailing Address 95 MERRICK WAY 95 MERRICK WAY SHITE 600 SUITE 600 00041473 CORAL GABLES FL 33134 CORAL GABLES FL 33134 2. Principal Place of Business 3. Mailing Address 17666 Fitch Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0961041 Irvine, Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 92614 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name NRAI SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 526 EAST PARK AVENUE TALLAHASSEE FL 32301 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) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 CD TITLE XX Delete CD TITLE Change XXX Addition HURST, GREG NAME NAME Samuel C. Wolgemuth STREET ADDRESS 17666 FITCH STREET ADDRESS 17666 Fitch CITY-ST-ZIP **IRVINE CA 92614** CITY - ST- 7IP Irvine, CA 92614 CCEO THLE XX Delete TITLE CROW, SABRINIA NAME Colin Ungaro NAME 200 SOUTH BISCAYNE BLVD., SUITE 1150 STREET ADDRESS 156 W. 56th Street, 3rd Floor STREET ADDRESS CITY-ST-ZIP MIAMI FL 33131 CITY-ST-7IP New York, NY 10019 XX Delete TITLE VPD TITLE Change XXX Addition TREMBLAY, SUSAN NAME NAME David L. Kuykendall 200 SOUTH BISCAYNE BLVD., SUITE 1150 STREET ADDRESS 17666 Fitch STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33131** CITY-ST-7IP Irvine, CA 92614 Secretary TITLE XX Delete TITLE ☐ Change XXX Addition KUYKENDALL, DAVID L NAME Richard A. Wallace NAME STREET ADDRESS 17666 FITCH STREET ADDRESS 17666 Fitch CITY-ST-ZIP IRVINE CA 92614 CITY-ST-ZIP Irvine, CA 92614 CFO TITLE ☐ Delete TITLE ☐ Change Addition BORDA, JOSE NAME NAME STREET ADDRESS 200 SOUTH BISCAYNE BLVD., SUITE 1150 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33131 CITY-ST-ZIP TITI F XX Xelete TITLE Assistant Secretary ☐ Change xxxxAddition WHITTON, JEFFREY M NAME NAME Beverly B. Haut STREET ADDRESS 17666 FITCH STREET ADDRESS 17666 Fitch CITY-ST-ZIP **IRVINE CA 92614** CITY-ST-ZIP <u> Irvine, CA 92614</u>

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 changed, or on an attachment with an address, with all other like empowered. Bully BHaut

SIGNATURE: Beverly B. Haut, Assistant Secretary SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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