FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED Mar 31, 2002 8:00 am Secretary of State

| DOCU 1. Entity Nam | MENT# <i>G58795</i> | | V | 03-31-2002 90359 | 042 ***150.00 |
|--|--|--|---|--|--|
| L | UESTSTOE CORPOR | PATE CENTER, | INC. | | |
| | DO NOT WRITE | IN THIS SI | PACE | 752 | 105 |
| | Place of Business | 3. Mailing Address | * | | |
| | N.W. 82 NO AVE | 3600 N.W. 8. | DNO AVE | Do Not work white | In CD+OF |
| Suite, Apt | . #. etc. | Suite, Apt. #, etc. | | DO NOT WRITE IN THI | S SPACE |
| City & Stat | te :- F/- | City & State Miami P1 | | 4. FE! Number | Applied For Not Applicable |
| Zip 33/ 4 | Country 66 USA | Zip 33166 | Country USA | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| promise on the | the many and and | ua l' antigrafia de mandrata de 18.00 de - | | 7. Name and Address of Current Register | red Agent |
| | DO NOT W IN THIS SF | | Street Addre | CK: A. O'MEARA ss (P.O. Box Number is Not Acceptable) OO N.W. & D. AVE | |
| | | | City M. | ami F | L Zip Code |
| 8. The above | named entity submits this statement for | r the purpose of changing its | | stered agent, or both, in the State of Florida. | - 39/46 |
| Tax filing (| Signature, typed or printed name of registered agent oration is eligible to satisfy its Intangible requirement and elects to do so, ria on back) | January 1 - M After May Amended | Registered Agent signature required by 1 Fee is \$150.00 1, Fee is \$550.00 1 UBR is \$61.25 lie to Department of the signature requirement of the signature requirem | 10. Election Campaign Financing Trust Fund Contribution. | \$5.00 May Be Added to Fees |
| 11. | OFFICERS AND | DIRECTORS | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD SWIENTON, GREGOR 3600 N.W. 82ND AU Mirami - FI. 3316 | E | TITLE NAME. STREET AUDRESS CITY-ST-ZIP | | |
| TITLE NAME STREET ADDRESS CITY- ST-ZIP | VPD NEISON, CORISS T. 3600 N.W. 82 ND AV HiAmi - F! 33166 | € | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | * |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VPT SUSIK, DANIEL W. 3600 N.W. 82ND AVE | | NAME STREET ADDRESS CITY-ST-ZIP | المعناء المعناد الله الله الله الله الله الله الله ال | mun mig grankhomi is a. |
| TITLE | Hiami - F1. 33166 UP/S | <u> </u> | TITLE NAME | IN THIS SPA | |
| NAME STREET ADDRESS | O'MEARA, VICICI A. 3600 N.W. 82ND AVE | | STREET ADDRESS | | 3. |
| CITY-ST-ZIP | MiAmi -F1. 33166 | | CTTY-ST-ZIP | * | |
| TITLE | AT | | TIME | | * |
| NAME | DUNATE, TORGE | | NAME | | 5 1 |
| STREET ADDRESS CITY-ST-ZIP | 3600 N.W. 82ND AVE HIAMI -FL 33166 | | STREET ADORESS CITY-ST-ZIP | | |
| TITLE NAME STREET ADDRESS | VIIIMI -TI- 33/66 | | NAME NAME STREET ADDRESS CITY-ST-ZIP | | 1 |
| 13. I hereby of indicated of the corrattachme | certify that the information supplied with on this report or supplemental report is reporation or the receiver or furtice emp int with an address, with all other like en | this filling does not qualify for true and accurate and that n owered to execute this repor apowered. | the exemption stated in | Section 119.07(3)(i), Florida Statutes. I further one same legal effect as if made under oath; that or 607, Florida Statutes; and that my name appearance. | ertify that the information I am an officer or director ars in Block 11 or on an |

Attachment #658795 752105 11/2001

WESTSIDE CORPORATE CENTER, INC.

(Florida)

OFFICERS

GREGORY T. SWIENTON **PRESIDENT** VICE PRESIDENT CORLISS J. NELSON CHALLIS M. LOWE VICE PRESIDENT R. RAY GOODE VICE PRESIDENT THOMAS S. RENEHAN VICE PRESIDENT VICE PRESIDENT & TREASURER W. DANIEL SUSIK J. WAYNE JOHNSON VICE PRESIDENT - RISK MANAGEMENT VICKI A. O'MEARA VICE PRESIDENT & SECRETARY MICHAEL T. LYNOTT ASSISTANT SECRETARY JACQUELINE A. DE SOUZA SENIOR ASSISTANT TREASURER ROBERT S. BRUNN ASSISTANT TREASURER ASSISTANT TREASURER JORGE DUARTE

ASSISTANT TREASURER

DIRECTORS

GREGORY T. SWIENTON CORLISS J. NELSON

WILLIAM A. GARCIA

3600 N. W. 82nd AVENUE MIAMI, FLORIDA 33166