2004 FOR PROFIT CORPORATION

Apr 23, 2004 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # G68189** 04-23-2004 90245 049 ***158.75 1. Entity Name PLAZA DEL RIO CORP. STRUCT OF Principal Place of Business Mailing Address 2101 OREGON PIKE PO BOX 5200 SUITE 300 LANCASTER, PA 17606-5200 US LANCASTER, PA 17601 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03222004 Chg-P CR2E034 (10/03) City & State Applied For City & State 4. FEI Number 59-2367272 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 Registered Agent Name SHAW, TIMOTHY S Street Address (P.O. Box Number is Not Acceptable) 720 S. ORANGE AVE. SARASOT, FL 34236 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOWIII FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PAS TITLE Delete TITLE ☐ Addition FISHER,HERBERT,JR. NAME NAME 2101 OREGON PIKE, SUITE 300 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LANCASTER, PA 17601 CITY-ST-ZIP ☐ Delete ☐ Change TITLE TITLE Addition JORDAN, DENNIS W NAME NAME STREET ADDRESS 2101 OREGON PIKE SUITE 300 STREET ADDRESS CITY-ST-7IP LANCASTER, PA 17601 CITY-ST-7IF ☐ Delete TITLE □ Change TITLE Addition FISHER, J. HERBERT JR. NAME NAME 2101 OREGON PIKE SUITE 300 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LANCASTER, PA 17601 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE [] Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME

12. I hereby certify that the information supplied with this filling 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 10 or Block 11 if changed, or on an attach

STREET ADDRESS CITY-ST-ZIP

SIGNATURE

STREET ADDRESS

J. Herbert Fisher, Jr.

3/22/04

Date

FILED

717-519-5200

Daytime Phone #