2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 18, 2001 8:00 am Secretary of State **DOCUMENT # G69491** EASTERN PORTLAND CEMENT CORP. 04-18-2001 90205 001 ***300 00 Principal Place of Business Mailing Address 1400 CENTREPARK BLVD. SUTIE 900 1400 CENTREPARK BLVD. SUTIE 900 W. PALM BEACH FL 33401 W. PALM BEACH FL 33401 37263 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-1167232 Not Applicable Zip Country 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 LARRY BENSON SPENCER, MAURY L Street Address (P.O. Box Number is Not Acceptable) 1400 Centrepark Blvd. 1400 CENTREPARK BLVD. SUITE 900 W. PALM BEACH FL 33401 Suite 900 Zip Code 33401 West Palm Beach 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. (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 After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. \Box 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. DPS XXAddition X Celete TITLE Chairman of the Board TITLE SPENCER, MAURY L NAME NAME Schwab Centrepark Blvd., Ste. 900 209E 100 SUNRISE AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM BEACH FL CITY-ST-ZIP West Palm Beach, FL 33401 XXAddition TITLE Change □ Delete TITLE President/Director SPENCER, GILBERT NAME NAME David A. Schwab Comby 1400 Centrepark Blvd., Ste.900 1400 CENTREPARK BLVD. STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL CITY-ST-78P CITY-ST-ZIP West Palm Beach, FL 33401 Secretary/Director ☐ Change TITLE Delete TITLE NAME Donna L. Schwab NAME STREET ADDRESS STREET ADDRESS 1400 Centrepark Blvd., Ste. 900-West Palm Beach, FL 33401 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition Addition TITLE ☐ Delete Treasurer/Director NAME NAME Mary Lynn Schwab STREET ADDRESS STREET ADDRESS 1400 Centrepark Blvd., Ste. 900 CITY-ST-7IP CITY-ST-7IP West Palm Beach, FL. 33401 ☐ Delete TITLE ☐ Change ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. 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 11 or Block 12 if

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

SIGNATURE:

561.687-8093

RESIDENT