2000 UNIFORM BUSINESS REPORT (UBR)

Feb 14, 2000 8:00 am Secretary of State **DOCUMENT # G78594** ROBERT E. WOOLLEY/FLORIDA, INCORPORATED 02-14-2000 90021 046 ***150.00 Principal Place of Business Mailing Address 3210 BELT LINE ROAD 3210 BELT LINE ROAD **SUITE 140** SUITE 140 B0018655 DALLAS TX 75234 DALLAS TX 75234-2324 บร 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 59-2382606 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 Name GRASSER, PAUL R. Street Address (P.O. Box Number is Not Acceptable) 8875 HIDDEN RIVER PARKWAY SUITE 300 TAMPA FL 33637 City 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 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 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change Addition NAME WOOLLEY, ROBERT E. NAME STREET ADDRESS 3210 BELT LINE RD., SUITE 140 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DALLAS TX ☐ Addition TITI F ☐ Delete TITLE ☐ Change ROCHE CHRISTINE M NAME NAME STREET ADDRESS 3210 BELT LINE RD., SUITE 140 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DALLAS TX TITLE ☐ Delete TITLE Addition GREENWALD, MICHAEL R. NAME NAME STREET ADDRESS 3210 BELT LINE RD., SUITE 140 STREET ADDRESS City-ST-7IP CITY-ST-ZIP DALLAS TX ☐ Delete TITLE Change Addition RALPH, DOUGLAS A NAME STREET ADDRESS 3210 BELT LINE RD., SUITE 140 STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP DALLAS TX TITLE ☐ Defete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS 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 attachmen) with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

CHRISTING M. ROCHE

FILED