2002 UNIFORM BUSINESS REPORT (UBR)

Apr 30, 2002 8:00 am Secretary of State H33564 DOCUMENT # 1. Entity Name 04-30-2002 90074 046 ***150.00 MHR CORPORATION OF THE PALM BEACHES Mailing Address Principal Place of Business % FRANCIS X.J. LYNCH % FRANCIS X.J. LYNCH - 340 royal poingiana plaza -340-ROYAL POINCIANA PLAZA PALM BEACH FL 93480--PALM BEACH FL 93480--3. Mailing Address 2. Principal Place of Business 625 N. Flagler Drive 625 N, Flagler Drive DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 9th Floor 9th Floor Applied For 4. FEI Number City & State City & State 59-2532738 Not Applicable WestPalm West Palm Beach \$8,75 Additional 5. Certificate of Status Desired \Box Fee Required USA 33401 33401 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 625 N. Flagler Drive, 9th LYNCH, FRANCIS X.J. -340 ROYAL POINCIANA PLAZA -PALM-BEACH FL 33480 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. SIGNATURE. (NOTE: Registered Agent signature required when reinstating) title if applicable. 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, 2002 Fee will be \$550.00 Added to Fees Tax filing requirement and elects to do so. Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (9/01) ☐ Addition Change TITLE □ Delete NAME JOHNSTONE, HAL 625 N. Flagler Drive, 9th Floor NAME STREET ADDRESS 340 ROYAL POINCIANA PLZ STREET ADDRESS 33401 West Palm Beachh, FL CITY-ST-ZIP PALM BEACH FL-CITY-ST-ZIP X Change TITLE Delete TITLE NAME CACCIAGUIDA, ROY J. NAME 625 N. Flagler Drive, 9th Floor STREET ADDRESS STREET ADDRESS 340 ROYAL POINCIANA PLZ -West Palm Beachh, FL = 33401 CITY-ST-ZIP CITY-ST-ZIP PALM BEACH FL -TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change . ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Addition ☐ Change □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete 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 AND TYPED OR PRINTED NAME OF SIGNING OF

FILED