FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 06, 2002 8:00 am Secretary of State H41450 DOCUMENT # 1. Entity Name 05-06-2002 90241 021 ***150.00 PROGRAM UNDERWRITERS VII, INC. Mailing Address Principal Place of Business 3700 COCONUT CREEK PKWY ~8008818n 3700 COCONUT CREEK PKWY SUITE 200 SUITE 200 COCONUT CREEK FL 33066-1616 COCONUT CREEK FL 33066-1616 US 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2492476 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ZISSELMAN, ARNOLD Street Address (P.O. Box Number is Not Acceptable) 3700 COCONUT CREEK PKWY SUITE 200 **COCONUT CREEK FL 33066** Zip Code City 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) Signature, typed or printed name of registered agent and 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 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. (10/6) Change ☐ Delete TITLE TITI F 5823 N.W. 119 DRIVE CORAL SPRINGS, FL 33076 BUTO, DONNA M NAME NAME CR2E034 11400 N.W. 56 DR APT 104 STREET ADDRESS STREET ADDRESS CORAL SPRINGS FL 33076 CITY-ST-ZIP CITY-ST-ZIE ☐ Delete TITLE BUTO, FRANCES T. NAME STREET ADDRESS 10975 N.W. 66 CT STREET ADDRESS 3931 NW 27 AVC. PARKLAND FL 33076 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE NAME **BUTO, STEPHEN** STREET ADDRESS 11184 LAKEVIEW DRIVE STREET ADDRESS CITY-ST-ZIP CORAL SPGS FL 33071 CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IE CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this filing 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 supplied ental report is tips 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 trusted 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 accurate and other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

NATURE AND THE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/02 957-978-9880