## FILED 2002 UNIFORM BUSINESS REPORT (UBR) Apr 24, 2002 8:00 am Secretary of State DOCUMENT # J47967 1. Entity Name 04-24-2002 90399 044 \*\*\*150.00 WILDER FINANCE CORPORATION Principal Place of Business Mailing Address % MAURICE F. WILDER % MAURICE F. WILDER 3000 GULF TO BAY BLVD., 6TH FLOOR 3000 GULF TO BAY BLVD., 6TH FLOOR **CLEARWATER FL 33759** CLEARWATER FL 33759 US 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-2753009 Not Applicable \$8.75 Additional Zip Country Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WILDER, MAURICE F. Street Address (P.O. Box Number is Not Acceptable) 3000 GULF TO BAY 6TH FLOOR **CLEARWATER FL 33759** Zip Code City FL 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 DATE (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 П Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. OFFICERS AND DIRECTORS ☐ Change Addition PDT ☐ Delete TITLE TITLE NAME NAME WILDER, MAURICE F. 300 GULF TO BAY BLVD, 6 FL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL ☐ Addition TITLE ☐ Change ☐ Delete TITLE DVP NAME WILDER, COLBY M NAME STREET ADDRESS STREET ADDRESS 3000 GULF TO BAY BLVD, 6 FL CITY-ST-ZIP CLEARWATER FL CITY-ST-ZIE ☐ Change ☐ Addition ☐ Delete TITLE **EVP** TITLE NAME CAROTENUTO, NAMÉ STREET ADDRESS 3000 GULF TO BAY BLVD, 6 FL STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITI F NAME STREET ADDRESS STREET ADDRESS

13. Thereby 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 chapter or or an attachment with an address with all other like empowered. changed, or on an attachment ah address, w other like emi owered.

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