2001 UNIFORM BUSINESS REPORT (UBR)

Jan 30, 2001 8:00 am **DOCUMENT # K27473 Secretary of State** TESAURUS HOLDINGS, INC. 01-30-2001 90147 015 ***150.00 Principal Place of Business Mailing Address 240 CRANDON BOULEVARD 240 CRANDON BOULEVARD SUITE 212 SHITE 212 C0012287 KEY BISCAYNE FL 33149 KEY BISCAYNE FL 33149 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 65-0057940 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KIENE, H. J Street Address (P.O. Box Number is Not Acceptable) 240 CRANDON BLVD. **SUITE 202 KEY BISCAYNE FL 33149** 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) 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME SCHARENBERG, FRITZ NAME STREET ADDRESS STREET ADDRESS 101 CRANDON BLVD STE 175 CITY-ST-ZIP CITY-ST-ZIP **KEY BISCAYNE FL 33149** EXECUTIVE VICE PRESIDENT D Change TITLE EV-☐ Delete TITLE NAME NAME _ HERMAN J KIENE STREET ADDRESS STREET ADDRESS 240 CRANDON BLVD #202 CITY-ST-ZIP CITY-ST-ZIP **KEY BISCAYNE FL 33149** VICE PROSIBULT A Change TITLE EVP ☐ Delete TITLE ☐ Addition NAME **BLASI, ELLEN** NAME STREET ADDRESS 240 CRANDON BLVD #212 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **KEY BISCAYNE FL 33149** TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change TITLE ☐ Detete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

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 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: _

SIGNATURE AND VIVED OR PRINTED

HERMAN J KIENE

10/4/1/

305-361-2742

Daytime Phone #

CR2E034 (10/00)