2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

Feb 17, 2004 8:00 am Secretary of State DOCUMENT # K95077 02-17-2004 90035 009 ***150.00 1. Entity Name EPIX XII. INC. Principal Place of Business Mailing Address 24011792 C/O PT1, 3710 CORPOREX PARK DR. ASPEN CORP PARK I 1480 ROUTE 9 NORTH STE. 300 TAMPA, FL 33619 WOODBRIDGE, NJ 07095 US 2. Principal Place of Business 3. Mailing Address 3710 Corporex Park Drive 45 West 45th Street Suite, Apt. #, etc. Suite, Apt. #, etc. 02022004 CR2E034 (10/03) Cha-P Suite 300 Suite 500 Applied For City & State City & State 4. EEI Number 59-2953841 Not Applicable Tampa, FI Zip \$8.75 Additional Zip Country 5. Certificate of Status Desired **..**□_. ~USA 10036 -Fee Required USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SHEPHERDSON, EDWIN Street Address (P.O. Box Number is Not Acceptable) 3710 CORPOREX PARK DR **SUITE #300** TAMPA, FL 33619 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable 9.- Election Campaign Financing ---- **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. Change ☐ Addition TITLE TITLE Delete WAJNERT, THOMAS C NAME NAME 3710 CORPOREX PARK DR, #300 STREET ADDRESS STREET ADDRESS TAMPA, FL 33619 CITY - ST - ZIP CITY-ST-ZIP TITLE CEO ☐ Delete TITLE President/CEO/D Change Addition TAYLOR, THOMAS S NAME MAME Thomas S. Taylor 1480 ROUTE 9 NORTH STREET ADDRESS STREET ADDRESS 45 West 45th Street, Suite 500 CHTY-ST-ZIP CITY-ST-ZIP WOODBRIDGE, NJ 07095 New York , NY 10036 Secretary/CFO/Treas/D - □ Change Z Addition Delete TITLE NAME DEUTSCH, PETER MAME James P. O'Drobinak STREET ADDRESS 45 WEST 45TH STREET STE 500 STREET ADDRESS 3710 Corporex Park Drive, Suite 300 CITY-ST-ZIP NEW YORK, NY 10036 CITY-ST-ZIP Tampa, FL 33619 Addition ☐ Delete TITLE ☐ Change TITLE GIBSON, JOHN SALES MARJE NAME 3710 CORPOREX PARK DRIVE STREET ADDRESS STREET ADDRESS CHY-ST-78P CITY-ST-ZIP TAMPA, FL 33619 TITLE ☐ Delete Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CLTY - ST - ZIP CITY-SI-7IP ☐ Addition ☐ Delete FITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP

SIGNATURE:

changed, or on an attachment with an address

James P. O'Drobinak PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12. 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 empreced to execute this report as required by Chapter 607, Florida Statutes: and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.

FEB 1 2 2004 (800)

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<u> 343-5099</u>