2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 12, 2002 8:00 am Secretary of State DOCUMENT # L0000002288 THE CLARKSON GROUP, LLC 05-12-2002 90585 030 ****50.00 Principal Place of Business Mailing Address 3100 UNIVERSITY BOULEVARD SOUTH, SUITE 200 3100 UNIVERSITY BOULEVARD SOUTH, SUITE 200 957671 JACKSONVILLE FL 32216 JACKSONVILLE FL 32216 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number 59-3698170 Applied For Zip Not Applicable Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BROWN, GERALDINE G 3100 UNIVERSITY BOULEVARD SOUTH, SUITE 200 Street Address (P.O. Box Number is Not Acceptable) JACKSONVILLE FL 32216 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 \$50.00 Make Check Payable to Department of State Due By May 1, 2002 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGRM TITLE Delete TITLE THE CLARKSON COMPANY NAME □ Change ☐ Addition NAME STREET ADDRESS 3100 UNIVERSITY BOULEVARD SOUTH, SUITE 200 STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32216 CITY-ST-ZIP ☐ Delete TITLE NAME ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change NAME ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change NAME ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change NAME ☐ Addition NAME STREET ADDRESS

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

STREET ADDRESS CITY-ST-ZIP



4/26/02

(904) 359-0045

CR2E083 (9/01)