FILED 2002 UNIFORM BUSINESS REPORT (UBR Apr 30, 2002 8:00 am Secretary of State DOCUMENT # L0100009360 1. Entity Name 04-30-2002 90117 024 ****50.00 ANSWER, L.L.C. Principal Place of Business Mailing Address 201 S BISCAYNE BLVD 201 S BISCAYNE BLVD SUITE 1'00 (MDH) SUITE 1500 (MDH) MIAMI IL 33131 MIAMI FL 33131 5 2. Princpal Place of Business 3. Mailing Address Suiti, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Ci & State City & State 4. FEI Number Applied For 65-1113581 ar. Not Applicable Z۵ Country Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Corporation Company of Miami THE CORPORATION COMPANY OF MIAMI Street Address (P.O. Box Number is Not Acceptable) 201 S. Biscayne Blvd, 201 6 BISCAYNE BLVD --SUITE 1500 --MIAMI-FL-03131 --Suite 1500-BB City Miami 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 Assistant Stuttery (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 CRESITCHARGE (UK) LIMITES Change Addit FIRST NATIONAL HOUSE, COLLEGE ROAS, TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HARROW, MISSILETEX, HAI IFB, UK CITY-ST-ZIP TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition ☐ Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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. FOR CRESITCHARGE (UK) LIS

). G. MILTON AIRECTOR 16/4/02 SIGNATURE REQUIRED

CITY-ST-7/P 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

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER