(9/01)

2002 UNIFORM BUSINESS REPORT (UBR)

changed, or or

SIGNATURE

Apr 01, 2002 8:00 am Secretary of State DOCUMENT # L09582 1. Entity Name 04-01-2002 90038 026 ***150.00 FEDERAL HOME PROPERTIES, INC. Principal Place of Business Mailing Address 2626 5TH AVE. N. 2626 5TH AVE. N. ST. PETERSBURG FL 33713 ST. PETE FL 33713 HS US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2965985 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 Name CURRY, WILLIAM J. Street Address (P.O. Box Number is Not Acceptable) 111 7TH AVE ST. PETERSBURG FL 33706 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 After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 OFFICERS AND DIRECTORS 11. 12. Delete TITLE Change ☐ Addition TITLE BAUMGARTNER, DARYL J. NAME NAME STREET ADDRESS 111 7TH AVE STREET ADDRESS ST. PETERSBURG FL CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change NAME CURRY, WILLIAM J. NAME STREET ADDRESS 111 7TH AVE STREET ADDRESS CITY-ST-ZIP ST. PETERSBURG FL CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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 of the receiver or true empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12

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 a 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 1, an address, with all other like empowered.

INTED NAME OF SIGNING OFFICER OR