2001 UNIFORM BUSINESS REPORT (UBR)

FILED Mar 08, 2001 8:00 am Secretary of State **DOCUMENT # L52887** 1. Entity Name TRIANGLE LEASING OF FLORIDA, INC. 03-08-2001 90002 044 ***150.00 Principal Place of Business Mailing Address 717 CAMANN ST 717 CAMANN ST GREENSBORO NC 27407 GREENSBORO NC 27407 941004 2. Principal Place of Business 3. Mailing Address 100 Morgan Keegan Dr. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. #200 4. FEI Number Applied For City & State City & State 56-1728337 Not Applicable ittle Rock. Country \$8.75 Additional Zip 5. Certificate of Status Desired 72202 USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 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 Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change Delete TITLE President TITLE CLINE, DOUGLAS D NAME NAME David Siegfried STREET ADDRESS STREET ADDRESS 717 CAMANN ST 100 Morgan Keegan Dr. # 200 CITY-ST-ZIP CITY-ST-ZIP **GREENSBORO NC** Little Rock AR 72202 -K Addition PM TITLE Delete TITLE NAME Rich Lobo 100 Morgan Keegan Drive #200 JACKSON, JOE A NAME STREET ADDRESS STREET ADDRESS 717 CAMANN ST Little Rock, AR 72202 CITY-ST-ZIP CITY-ST-ZIP GREENSBORO NO ★ Addition ☐ Change TITLE ٧D X Delete GRAY, ELIHEW NAME Andrew Code NAME STREET ADDRESS STREET ADDRESS 33 LANE AVE SOUTH 100 Morgan Keegan Dr. #200 CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL Little Rock, AR_72202 Addition Change TITLE Delete TITLE NAME NAME CRUTHIS, JEFFREY David Bachman STREET ADDRESS STREET ADDRESS 717 CAMANN ST 100 Morgan Keegan Dr Little Rock, AR 72202 CITY-ST-ZIP CITY-ST-ZIP greensboro nc Change X Addition TITLE STD X Delete TITLE Mike Cole NAME CLINE, SHARON A NAME STREET ADDRESS 100 Morgan Keegan Dr. #200 STREET ADDRESS 717 CAMANN ST CITY-ST-ZIP CITY-ST-7IP Little Rock, AR 72202 GREENSBORO NO ☐ Change Addition X Delete TITLE TITLE NAME NAME

13. I hereby 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 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.

STREET ADDRESS

CITY-ST-ZIP

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STREET ADDRESS

CITY-ST-7IP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Date Date