2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 09, 2001 8:00 am Secretary of State **DOCUMENT # L56512** 1. Entity Name NORTHCORP CENTER, INC. 04-09-2001 90019 017 ***150 00 Principal Place of Business Mailing Address 3910 RCA BLVD. 3910 RCA BLVD **SUITE 1011 SUITE 1011** PALM BEACH GARDENS FL 33410 PALM BEACH GARDENS FL 33410 US DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0190143 Not Applicable \$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 JOHN WILL BILLS, JOHN C. Street Address (P.O. Box Number is Not Acceptable) 3910 RCA BLVD **SUITE 1011** PALM BEACH GARDENS FL 33410 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) 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 After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 OFFICERS AND DIRECTORS 12. 11. ☐ Addition **PVS** ☐ Delete TITLE TITLE BILLS, JOHN C. NAME NAME 4600 EAST PARK OR \$201 STREET ADDRESS 3910 RCA BLVD., SUITE 1011 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM BCH GDNS FL Detete TITLE TITLE BILLS, JOHN C. NAME NAME 3910 RCA BLVD., SUITE 1011 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM BCH GDNS FL CITY-ST-7IP TITLE ☐ Delete TITLE 4600 EAST PARKUR. #201 PAIN BEACH GERDIEN; FC 33410 NAME GRIFFIN, JAMES E NAME STREET ADDRESS 3910 RCA BLVD, SUITE 1011 STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP PALM BEACH GARDENS FL 33410 Addition TITLE Delete THOMAS D. McClosken NAME STREET ADDRESS 132 W. Main Street STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Aspen, Co ☐ Change Addition TITI F TITLE ☐ Delete DAVE MARRIS NAME 132 W. MAIN ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Aspen co 8/6/1 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

13. 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 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 propowered.

SIGNATURE:

TO STATURE AND TYPES ON PRINTED JOME OF SIGNING OFFICER OF DIRECTOR

1-26-01 561-627-4000

Daytime Phone #