2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # L78133 May 23, 2000 8:00 am 1. Entity Name SAE Group, Inc. Secretary of State 05-23-2000 90195 044 ***150.00 SAE GROUP, INC. Mailing Address SAE GROUP, INC. 403 SOUTHEAST FIRST STREET DELRAY BEACH, FLORIDA 33483 DELRAY BEACH, FLORIDA 33483 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 65-0196810 Applied For City & State City & State 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 Dea, Richard F. Street Address (P.O. Box Number is Not Acceptable) 600 Sea Sage Drive Delray Beach, FL 33483 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable DATE 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, 2000 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 Addition ☐ Change ☐ Delete TITLE Director NAME Fromer,David M. STREET ADDRESS STREET ADDRESS 169 East 69th Street Apt. 17B CITY-ST-ZIP CITY-ST-ZIE New York, NY 10021 ☐ Change ☐ Addition Delete TITLE TITLE Director NAME NAME Moore,W.R. STREET ADDRESS STREET ADDRESS **7623 Sierra Terrace** CITY-ST-ZIP CITY-ST-ZIP Boca Raton, FL 33433 ☐ Change Addition ☐ Delete TITLE Director, Pres. & CEO NAME NAME Richard_F._Dea_ STREET ADDRESS STREET ADDRESS 600 Sea Sage Drive CITY-ST-ZIP CITY-ST-ZIP Delray Beach, FL 33483 ☐ Channe ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete ☐ Change TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with his 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 effort 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 trusted entry 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 a faddrage of the empowered. Richard F. Dea 4/24/00 (561) 279-8200 SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR