FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Apr 30, 2002 8:00 am § Secretary of State DOCUMENT # 1. Entity Name WPW NORTH AMERICAN HOLDINGS, INC. Principal Place of Business Mailing Address 412 VIRGINIA-DR. 413 VIRGINIA DR. HUUVJO47ORLANDO FL 32803 ORLANDO FL 32803 3. Mailing Address c/o Webster & Partners, P.L. 2. Principal Place of Business Suite, Apt. #, etc. PO Box 2310 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-3013360 Winter Park, FL Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 32790-2310-6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name W & P SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 1936 LEE ROAD, SUITE 101 WINTER PARK FL 32789 Zip Code City 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 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 Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Change ☐ Addition ☐ Delete TITLE TITLE WEBSTER, DAVID A. NAME NAME 413 VIRGINIA DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32803 ☐ Addition Change TS □ Delete TITLE WEBSTER, JANE R. NAME NAME STREET ADDRESS 1501 HIGHLAND ROAD STREET ADDRESS CITY-ST-ZIP WINTER PARK FL --CITY-ST-ZIF ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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

SIGNATURE:

David A. Webster, President SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with an address, with all other like empowered.

407-691-0500