2001 UNIFORM BUSINESS REPORT (UBR)

Apr 26, 2001 8:00 am Secretary of State DOCUMENT # L93502 -1. Entity Name INTERFACE REALTY CORPORATION, INC. 04-26-2001 90008 014 ***150.00 Principal Place of Business Mailing Address 1200 N FEDERAL HWY 1200 N FEDERAL HWY #200 #200 644637 **BOCA RATON FL 33432 BOCA RATON FL 33432** US US 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0250622 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name -GOODMAN, KENNETH J. Street Address (P.O. Box Number is Not Acceptable) 1200 NORTH FEDERAL HWY SUITE 200 **BOCA RATON FL 33432** City Zio 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 DATE (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 After MAY 1, 2001 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 12. 11. ☐ Addition ☐ Delete TITLE TITLE D NAME GOODMAN, DANIEL R. NAME STREET ADDRESS STREET ADDRESS 1200 NORTH FEDERAL HWY #200 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME GOODMAN, CAROL A. STREET ADDRESS STREET ADDRESS 1200 NORTH FEDERAL HWY #200 CITY-ST-ZIP CITY-ST-7IP BOCA RATON FL. Change ☐ Addition TITLE ☐ Delete NAME GOODMAN, KENNETH J NAME STREET ADDRESS STREET ADDRESS 1200 NORTH FEDERAL HWY #200 CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** ☐ Addition TITLE ☐ Delete 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 ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 frue 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 racepier or the see employeed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

with all other like empowered.

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: