FILED Jul 10, 2003 8:00 am

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

Secretary of State DOCUMENT # M01000002298 07-10-2003 90052 045 ****50.00 1. Entity Name SANBORN COLORADO LLC Principal Place of Business Mailing Address EUITEIUE 1935 JAMBOREE DR., STE, 100 1935 JAMBOREE DR., STE, 100 COLORADO SPRINGS CO 80920 COLORADO SPRINGS CO 80920 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 13-3980333 Not Applicable Zip Country Country \$5.00 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 C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 MANAGING MEMBERS / MANAGERS ADDITIONS/CHANGES 9. 10. MGR TITLE TITLE X Change ☐ Addition Delete DETSAI, PANKAJ SPELL CORR: DESAI, PANKAJ NAME NAME STREET ADDRESS STREET ADDRESS **629 FIFTH AVENUE** CITY-ST-ZIP CITY-ST-ZIP PELHAM NY 10803 XX Delete ☐ Change TITLE MGR TITLE MGR XX Addition NAME **BLEECKER, JAMES** NAME Eaton, Gary (VP Florida Region) STREET ADDRESS STREET ADDRESS **629 FIFTH AVENUE** 1935 Jamboree Dr. Suite 100 Colorado Springs; CO 80920 CITY-ST-ZIP CITY-ST-ZIP ... PELHAM*NY-10803~ TITLE MGR¹ TITLE *XX*Addition ☐ Change XX Delete NAME DES ROCHE, ERIC Wild, Mary (Secretary / CFO) STREET ADDRESS STREET ADDRESS 1935 Jamboree Dr, Suite 100 1935 JAMBOREE DRIVE SUITE 100 CITY-ST-ZIP CITY-ST-ZIP COLORADO SPRINGS CO 80920 Colorado Springs, CO 80920 TITI F Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change TITLE □ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7iP CITY-ST-7IP

TURE: Mary A. Wild

Secretary CFO MGR 7/7/03 &719) 593-0093

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date Day(Imp. Phone #

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.