FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

PROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 MAY 12 PM 3:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M02187

1. Corporation Name: Association B, Inc.

Principal Place of Business: 1150 Lake Hearn Dr. Suite 640 Atlanta, GA 30342

Mailing Address: 1150 Lake Hearn Dr. Suite 640 Atlanta, GA 30342

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10-31-97

2. Principal Place of Business — 21 — Suite, Apt #, etc — 22 — City & State — 23 — Zip — 24 — Country — 25

2a. Mailing Address — 26 — Suite, Apt #, etc. — 27 — City & State — 28 — Zip — 29 — Country — 30

4. FEI Number: Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

Brian C. Mitchell
900 NW 13th Street
Boca Raton, FL 33486

10. Name and Address of New Registered Agent

81 Name: Corporation Service Company
82 Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street
83
84 City: Tallahassee FL 85 Zip Code: 32301

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Laura R. Dunlap — Signature (typed or printed) of individual signing on behalf of Registered Agent Firm

Laura R. Dunlap, as agent — (NOT Registered Agent signature required when reinstating)

5-14-98 — DATE

12. OFFICERS AND DIRECTORS

TITLE	President	☐ DELETE
NAME	Richard Ballard	
STREET ADDRESS	1150 Lake Hearn Dr., Suite 640	
CITY-ST-ZIP	Atlanta, GA 30342	
TITLE	Secretary	☐ DELETE
NAME	Lawrence Kraska	
STREET ADDRESS	1150 Lake Hearn Dr., Suite 640	
CITY-ST-ZIP	Atlanta, GA 30342	
TITLE	Vice President	☐ DELETE
NAME	Robert DiProva	
STREET ADDRESS	1150 Lake Hearn Dr., Suite 640	
CITY-ST-ZIP	Atlanta, GA 30342	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	500000252417 5---B	
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (10/97)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or is an attached and with an address.

SIGNATURE: [signature] — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — 5-12-98 — 404-256-7535

CSC THE UNITED STATES CORPORATION COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 815538 4300087

AUTHORIZATION : Patricia Pizzuto

COST LIMIT $558.75 Patricia Pizzuto

ORDER DATE : May 12, 1998

ORDER TIME : 9:56 AM

ORDER NO. : 815538-010

CUSTOMER NO: 4300087

CUSTOMER: Ms. Anne Stevenson
Bachner Tally Polevoy & Misher
380 Madison Avenue
18th Floor
New York, NY 100172590

ANNUAL REPORT FILING

NAME: ASSOCIATION B, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Lynette Coleman

EXAMINER'S INITIALS: _____