2001 UNIFORM BUSINESS REPORT (UBR) Apr 10, 2001 8:00 am Secretary of State DOCUMENT # M29686 1. Entity Name THE MULLINS COLLINS NO. 200 CORPORATION 04-10-2001 90027 005 ***150.00 Principal Place of Business Mailing Address % BRADLEY C. MULLINS % BRADLEY C. MULLINS 6800 34TH STREET SO. 6800 34TH STREET SO. 1,0043131 ST PETERSBURG FL 33711 ST PETERSBURG FL 33711 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-266 1366 Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent C. Mullins MULLINS, BRADLEY C. Street Address (P.O. Box Number is Not Acceptable) 6800 34TH STREET SOUTH Sunshine Skyway ST PETERSBURG FL 33711 _ane 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. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Delete TITLE TITLE MULLINS, JEROME J. NAME NAME STREET ADDRESS 401 N CARROLL ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MADISON WI Addition Vice President ☐ Change ☐ Delete TITLE TITLE Mullins, Jerome J MULLINS, CAROL NAME 401 N. Carroll St. STREET ADDRESS 401 N CARROLL ST. STREET ADDRESS Madison, WI 53703 CITY-ST-ZIP CITY-ST-ZIP MADISON WI ☐ Addition Delete TITLE ☐ Change TITLE 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 ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITI F TITLE NAME STREET ADDRESS

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

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR