2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 27, 2001 08:00 AM M66353 DOCUMENT # 1. Entity Name **Secretary of State** RELO SERVICE REALTY, INC. Principal Place of Business Mailing Address 815 S MAIN ST 815 S MAIN ST 6TH FLOOR 6TH FLOOR JACKSONVILLE FL JACKSONVILLE FL32207 32207 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2895717 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PRICE, ROBERT J. PRICE, ROBERT J. 815 S MAIN ST. Street Address (P.O. Box Number is Not Acceptable) 815 S MAIN ST. JACKSONVILLE FL6TH FLOOR 32207 City Zip Code JACKSONVILLE 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 04/27/2001 Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 \$5.00 May Be 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 OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE CR2E034 (11/00) ☐ Delete TITLE ☐ Addition X Change VALIGHN MAME BARRY SP VAUGHN NAME BARRY STREET ADDRESS 815 S. MAIN ST. STREET ADDRESS 815 S. MAIN ST. CITY-ST-ZIP JACKSONVILLE FL 32207 CITY-ST-ZIP JACKSONVILLE 32207 ☐ Delete CEOD TITLE X Change NAME SUDDATH, STEPHEN M. NAME SUDDATH, STEPHEN M. STREET ADDRESS 815 S MAIN ST STREET ADDRESS 815 S MAIN ST CITY-ST-ZIP JACKSONVILLE \mathbf{FL} CITY-ST-ZIP JACKSONVILLE FL32207 ☐ Delete TITLE X Change ☐ Addition STRICKLAND, BARBARA S. NAME STRICKLAND, BARBARA S. STREET ADDRESS 815 S MAIN ST STREET ADDRESS 815 S MAIN ST CITY-ST-ZIP JACKSONVILLE FLCITY-ST-ZIP JACKSONVILLE FL. 32207 ☐ Delete TITLE Change ☐ Addition BELL, A. QUINN NAME BELL, A. QUINN STREET ADDRESS 815 S MAIN ST STREET ADDRESS 815 S MAIN ST CITY-ST-ZIP JACKSONVILLE CITY-ST-ZIP JACKSONVILLE FT. 32207 TITLE Delete TITLE DVT X Change ☐ Addition PRICE, ROBERT J. NAME PRICE, ROBERT J. STREET ADDRESS 815 S MAIN ST STREET ADDRESS 815 S MAIN ST CITY-ST-ZIP JACKSONVILLE CITY-ST-ZIP JACKSONVILLE FL32207 Delete TITLE Change ☐ Addition 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 changed, or on an attachment with an address, with all other like empowered.

04/27/2001

Date

Daytime Phone #

ROBERT J. PRICE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _