2004 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 29, 2004 8:00 am Secretary of State DOCUMENT # M90313 04-29-2004 90287 023 ***150.00 1. Entity Name AUI CORPORATION Principal Place of Business Mailing Address 5541 PUERTA DEL SOL BLVD 5541 PUERTA DEL SOL BLVD 14011828 #420 #420 ST. PETERSBURG, FL 33715 ST. PETERSBURG, FL 33715 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02112004 CR2E034 (10/03) Chg-P City & State City & State 4. FEI Number Applied For 59-2905526 Not Applicable \$8.75 Additional Zip 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 DURTON W WIAND WIAND, BURTON W. P.O. Box Number is Not Acceptable) Week 601 CLEVELAND ST., SUITE 800 CLEARWATER, FL 34617 # 1200 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 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PD/Sec/TMB3 V 1205 Addition TITLE □ Delete TITLE ☐ Change ARTHUR, DONALD M. NAME NAME HETHUP ADLEY D 5541 PUERTA DEL SOL BLVD STREET ADDRESS STREET ADORESS Yveers DSL Soc CITY-ST-ZIP SAINT PETERSBURG, FL 33715 CITY-ST-ZIP vs Delete Change Addition TITLE TITI F TARBELL, JERINE NAME NAME STREET ADDRESS 6116 DEERWOOD PLACE STREET ADDRESS RALEIGH, NC 27607 CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE Delete ■ Addition TENE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Chance M Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 10 or Block 11 if changed, or on an atta-SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR