2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED Apr 13, 2001 8:00 am Secretary of State **DOCUMENT # M98470** 1. Entity Name **ROLL FORM CORPORATION** 04-13-2001 90008 018 ***150.00 Principal Place of Business Mailing Address NEW WORLD TOWER, 21ST FLOOR NEW WORLD TOWER. 21ST FLOOR 100 NORTH BISCAYNE BLVD., 21ST FLOOR 100 NORTH BISCAYNE BLVD., 21ST FLOOR MIAMI FL 33132-9306 MIAMI FL 33132-9306 2. Principal Place of Business 3. Mailing Address 3613 Del Prado Boulevard Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0071898 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired USA 33904 US A Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BAUR, THOMAS Street Address (P.O. Box Number is Not Acceptable) 100 N. BISCAYNE BLVD 21ST FLOOR NEW WORLD TOWER **MIAMI FL 33132** Code 3904 his statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named SIGNATURE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) П Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition D Delete TITLE TITLE NAME NAME PIHL, ARNE GO 3613 Del Prado Boulevard Cape Coral, FL 33904 STREET ADDRESS STREET ADORESS C/O 100 NO. BISCAYNE BLV CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Delete TITLE TITLE PIHL, HILLEVI 200 3613 Del Prado Boutevard Cope Coral, FL 33904 HILLEY, PULL PIHL NAME NAME C/0 100 NO. BISCAYNE BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP MIAMI FL ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME 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.

February 6+1, 2007