2000 UNIFORM BUSINESS REPORT (UBR)

00 JUL 17 PM 12: 29 **DOCUMENT #** M99000001279 1. Entity Name SECRETARY OF STATE TALLAHASSEE, FLORIDA CENTRIC GROUP, L.L.C. Principal Place of Business Mailing Address 1260 ANDES BLVD. 1260 ANDES BLVD. ST. LOUIS MO 63132 ST. LOUIS MO 63132 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 43-1857001 Not Applicable Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code 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 (NOTE: Registered Agent signature required when reinstating) Sinnature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$50.00 *****50.00 *****50.00 Make Check Payable to Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. 5/00 ☐ Change ■ Addition TITLE MGR ☐ Delete TITLE NAME ALBRECHT, DOUGLAS A STREET ADDRESS 1260 ANDES BLVD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ST. LOUIS MO 63132 ☐ Change ☐ Addition ☐ Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP :CITY-ST-7IP = ☐ Change ☐ Addition TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Defete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

Daytime Phone #