2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N00000000602

Entity Name: ERC TRUST, INC.

FILED Apr 30, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New Principal Place of Business:

950 NORTH FEDERAL HIGHWAY SUITE 107 POMPANO BEACH, FL 33062

Current Mailing Address: New Mailing Address:

950 NORTH FEDERAL HIGHWAY SUITE 107 POMPANO BEACH, FL 33062

FEI Number: 65-0980224 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

RUEL, LORRAINE M
2115 NE 42ND COURT, #211N
LIGHTHOUSE POINT, FL 33064 US
RUEL, LORRAINE M
950 NORTH FEDERAL HIGHWAY
SUITE 107
POMPANO BEACH, FL 33062 US

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: 04/30/2002

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: PD (X) Change () Addition
Name: RUEL, LORRAINE M Name: RUEL, LORRAINE M
Address: 2445 NE 4240 COURT #2440

Address: 2115 NE 42ND COURT #211N Address: 950 NORTH FEDERAL HWY, SUITE 107

City-St-Zip: LIGHTHOUSE POINT, FL 33064 City-St-Zip: POMPANO BEACH, FL 33062

Title: D () Delete Title: VD (X) Change () Addition Name: YOUNG, JAMES H Name: CICCARELLI, ANNA

 Address:
 5510 PACIFIC BLVD. #112
 Address:
 6430 LESLIE STREET

 City-St-Zip:
 BOCA RATON, FL 33433
 City-St-Zip: JUPITER, FL 33458

 $\label{eq:title:D} {\sf Title:} \qquad {\sf D} \qquad (\) \, {\sf Delete} \qquad \qquad {\sf Title:} \qquad {\sf STD} \qquad ({\sf X}) \, {\sf Change} \, (\) \, {\sf Addition}$

Name:WOOD, JEFFREY SName:INCARDONA, GIOVANNIAddress:2324 NE 20TH AVENUEAddress:1701 E ATLANTIC BLVDCity-St-Zip:FORT LAUDERDALE, FL 33305City-St-Zip:POMPANO BEACH, FL 33060

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LORAINNE M. RUEL PD 04/30/2002