FILED 2002 UNIFORM BUSINESS REPORT (UBR) Jul 28, 2002 8:00 am DOCUMENT # N00000004482 **Secrétary of State** 1. Entity Name 07-28-2002 901 99 008 ****61.25 HKW FOUNDATION, INC. Principal Place of Business Mailing Address C/O STEPHEN A. HURWITZ C/O STEPHEN A. HURWITZ 15948 WEST STATE ROAD 84-15948 WEST STATE ROAD 84 SUNRISE FL 33326 SUNRISE FL 33326 2. Principal Place of Business 3. Mailing Address Circle 2700 Glades Cincle 2700 GlAdes Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number KL Applied For u65-1023737 Not Applicable 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 Street Address (P.O. Box Number is Not Acceptable) HURWITZ, STEPHEN A 15948 WEST: STATE ROAD 84 2700 Glades Cincle 122 SUNRISE FL 33326 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 After September 13, 2002, 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. min. will be \$236.25. Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE ☐ Addition NAME HURWITZ, STEPHEN A NAME 2700 Glades arcle forms 122 We from KL 33327 STREET ADDRESS 15948 WEST STATE ROAD 84 STREET ADDRESS CITY-ST-ZIP SUNRISE-FL-33326_ CITY-ST-ZIP TITLE **VPD** ☐ Delete TITLE NAME KAUFMAN, STUART R NAME 2700 Glader arche furo 122 Warron Kc 33329 STREET ADDRESS 15948 WEST STATE ROAD 84 STREET ADDRESS CITY-ST-ZIE SUNRISE FL 33326 CITY-ST-ZIP TITLE ☐ Delete TITLE WEINBRUM, GERARD NAME NAME STREET ADDRESS 15948 WEST STATE ROAD 84 2700 Glader a-de furo We son EC 33327 STREET ADDRESS CITY-ST-ZIP SUNRISE FL 33326 CITY-ST-ZIP TITLE Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if the same Indian Statutes.

Signature:

Signat

CITY-ST-ZIP

CITY-ST-ZIP