2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N30774

Apr 30, 2003 Secretary of State

Entity Name: NATIONAL ASSOCIATION OF OFFICE AND INDUSTRIAL PARKS OF FLORIDA, INC.

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

4509 GEORGE RD. 6107-B MEMORIAL HIGHWAY TAMPA, FL 33634 US TAMPA, FL 33615

Current Mailing Address: New Mailing Address:

4509 GEORGE RD. 6107-B MEMORIAL HWY TAMPA, FL 33634 US TAMPA, FL 33615 US

FEI Number: 65-0424029 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:

GANG, NENA GANG, NENA 4509 GEORGE RD 6107-B MEMORIAL HWY TAMPA, FL 33634 US TAMPA, FL 33615

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: 04/30/2003

> Electronic Signature of Registered Agent Date

> > City-St-Zip:

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

VPD () Delete (X) Change () Addition

DUNCAN, RONNIE E BRICKLEMYER, KEITH Name: Name: Address: 2295 CORPORATE BLVD. NW #125 Address: 500 E. KENNEDY BLVD #200 City-St-Zip: BOCA RATON, FL TAMPA, FL 33602 US

Title: () Delete Title: () Change () Addition Name: LAW, RHEA Name:

Address: 501 E. KENNEDY BLVD. #1700 Address: City-St-Zip: TAMPA, FL City-St-Zip:

Title: () Delete Title: PPD (X) Change () Addition

RETHA, JULIA Name: RETTIG, JULIA Name:

4905 W. LAUREL ST., #200 4905 W. LAUREL ST., #200 Address: Address:

City-St-Zip: TAMPA, FL 33607 City-St-Zip: TAMPA, FL 33607

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: JULIA RETTIG PPD 04/30/2003