2001 UNIFORM BUSINESS REPORT (UBR) FILED May 01, 2001 08:00 AM N93000001637 DOCUMENT # 1. Entity Name **Secretary of State** DEMOCRACY WORLDWIDE, INC. Principal Place of Business Mailing Address 6833 SW 84TH AVE 6833 SW 84TH AVE FL 33143 33143 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 65-0401072 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MARTONE JAY Street Address (P.O. Box Number is Not Acceptable) 6833 SW 84TH AVE MIAMI FL33143 US City 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. 05/01/2001 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE and the second second FILE NOW: 9. Election Campaign Financing Make Check Payable to **\$5.00** May Be X FEE IS \$61.25 Trust Fund Contribution. Added to Fees Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE D Change X Addition NAME NAME JOY LIVINGSTONE STREET ADDRESS STREET ADDRESS 730 N. 85TH ST., SUITE 103 CITY-ST-ZIP CITY-ST-ZIP SEATTLE WA 98105 TSD TITLE TSD ☐ Delete TITLE X Change ☐ Addition NAME EATON JOY NAME CORNWELL STREET ADDRESS STREET ADDRESS 9520 SW 80TH ST 1100 NEW YORK AVE., SUITE 600 CITY-ST-ZIP MIAMI FI. CITY-ST-ZIP WASHINGTON DC 20005 TITLE VPD Delete TITLE VPD X Change ☐ Addition NAME WAGONER ROBERT NAME ARGUETA JOSE MARIA STREET ADDRESS STREET ADDRESS C/O S TEXAS COLL OF LAW, 1303 SAN JACINTO 1725 17TH ST., NW, SUITE 109 CITY-ST-ZIP HOUSTON CITY-ST-ZIP WASHINGTON DC 20009 TITLE Delete TITLE PD X Change Addition NAME SHREEVE KENT W NAME SHREEVE KENT STREET ADDRESS 9520 SW 80TH ST STREET ADDRESS 1725 17TH ST. NW, SUITE 109 CITY-ST-ZIP CITY-ST-ZIP WASHINGTON MIAMI \mathbf{FL} DC 20009 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE □ Delete TITLE Change Addition

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 changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

NAME

SIGNATURE: _

NAME

STREET ADDRESS

CITY-ST-ZIP

Kent W. Shreeve

PD

05/01/2001

CR2E037 (11/00)