2001 UNIFORM BUSINESS REPORT (UBR)

May 17, 2001 8:00 am Secretary of State DÖCUMENT # N93000004428 1. Entity Name 05-17-2001 90415 049 ****61.25 VIETNAM VETERANS OF AMERICA, INC. CHAPTER #680 P Principal Place of Business Mailing Address P.O. BOX 30606 P.O. BOX 30606 PALM BEACH GARDENS FL 33420 PALM BEACH GARDENS FL 33420 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 65-0435755 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) HARDING, JEROME S 6701 MALLARDS COVE RD., APT. 9E JUPITER FL 33458 Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: 9. Election Campaign Financing Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. 10. Change Addition PTD TITLE TITLE □ Delete HARDING, JEROME S NAME NAME STREET ADDRESS STREET ADDRESS 6701 MALLARDS COVE RD., APT. 9E CITY-ST-ZIP CITY-ST-ZIP JUPITER FL 33458 ☐ Addition TITLE ☐ Delete TITLE Change NAME HESSELBROCK, JON T NAME STREET ADDRESS STREET ADDRESS 3330-B MERIDIAN WAY, S. CITY-ST-ZIP CITY-ST-ZIP PALM BEACH GARDENS FL 33410 _____ Addition Delete __ TITLE. T/D... TITLE. NAME GOODELL, MARC NAME GOODELL, MARC 6436 - B CHASEWOOD DR. STREET ADDRESS STREET ADDRESS 6436 B CHASEWOOD DR. CITY-ST-ZIP CITY-ST-ZIP JUPITER FL 33458 JUPITER FL 33458 ■ Addition ☐ Delete TITLE Change TITLE FAHRENKRUG, ROSEMBRY 40 VVA 660 7.0. BOX 30606 NAME NAME STREET ADDRESS STREET ADDRESS 33420 CITY-ST-ZIP CITY-ST-7IP BOH GARDEYS . FL. Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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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 of 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. SIGNATURE

EMARI DESOPELL