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2002 UNIFORM BUSINESS REPORT (UBR)

Jul 16, 2002 8:00 am Secretary of State DOCUMENT # **N9400006045** 07-16-2002 90362 040 ****61.25 EDEN TRUST, INC. Principal Place of Business Mailing Address 33 BROAD STREET 33 BROAD STREET KINDERHOOK NY 12106 KINDERHOOK NY 12106 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 58-2149404 Not Applicable Zip Country 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 Street Address (P.O. Box Number is Not Acceptable) CAMP, DENNIS D 2537 S.E. 17TH STREET OCALA FL 34471 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 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 Change ☐ Addition NAME BLACKBURN, RODERIC H STREET ADDRESS 33 BROAD STREET STREET ADDRESS CITY-ST-7IP KINDERHOOK NY 12106 CITY-ST-ZIP TITLE ☐ Delete TIT) F Change ☐ Addition NAME **BLACKBURN, DEGUERRE** NAME STREET ADDRESS 33 BROAD STREET STREET ADDRESS CITY-ST-ZIP KINDERHOOK NY 12106 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition BLACKBURN, LOGAN NAME NAME STREET ADDRESS 33 BROAD STREET STREET ADDRESS CITY-ST-ZIP KINDERHOOK NY CITY-ST-7IP Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TIT) F ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

SIGNATURE:

Rodern & Blackburn 7.12.00