1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9600005394 1. Corporation Name

10100 SANTA MONICA, INC.

Principal Place of Business

1801 HERMITAGE BLVD.

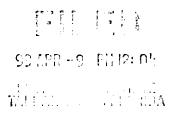
SUITE 600 TALLAHASSEE FL 32308

Mailing Address

1801 HERMITAGE BLVD

SUITE 600

TALLAHASSEE FL 32308





-	Principal Place of Business 2a. Mailing Address				Date Incorporated or Qualifed 10/04/14000						
21	26						10/21/1996				
Suite, Apt. #, etc.			Suite, Apt. #, etc.		4.	4. FEI Number		Applied For			
22			1			ľ	59-3410291	Not Applicable			
23	27					5.	Certifcate of Status Desired		\$8.75 Additional Fee Required		
	Zip Country	29	Zip	Country 30	ountry		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
24 25 29 30 30 9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent						
					Name				A		
TODO, DAVID E 1801 HERMITAGE BLVD. SCITE 100					82 Street Address (P.O. Box Number is Not Acceptable)						
TALLAHASSEE FL 32308					City		FL	85	Zip Code		
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered											

agont. Fair fairmen with, and accept the designation of, decided on the designation											
SIGNATURE Signature bodd or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE											
12.	OFFICERS AND DIRECTO	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IF								
TITLE	D	DELETE	1.1 TITLE	VTAS		Change	X] Addition				
NAME	BENNETT, DOUGLAS W		1.2 NAME	Roger E. Smith							
STREET ADDRESS	A CONTRACTOR OF THE CONTRACTOR		1.3 STREET ADDRESS	180 N. LaSalle Str	reet						
CITY-ST-ZIP	TALLAHASSEE FL 32308		1.4 CITY-ST-ZIP	Chicago, 1L 60601							
TITUE	D	KI DELETE	21 TITLE	VS		☐ Change	Addition				
NAME	HORTON, JAMES W		22 NAME	Thomas McCarthy							
STREET ADDRESS			2 3 STREET ADDRESS	180 N. LaSalle St	reet						
CITY-ST-ZIP	TALLAHASSEE FL 32308		2 4 CITY-ST-ZIP	Chicago, 1L 60601							
TITLE	D	☐ DELETE	31 TITLE	VAT		Change					
NAME	SMITH, JEFFREY L		32 NAME	Luanne K. Good							
STREET ADDRESS			3.3 STREET ADORESS	1801 Hermitage Blv	d.						
CITY-ST-ZIP	TALLAHASSEE FL 32308		3.4. CiTY+ST+ZIP	Tallahassee, FL 3	32308						
TITLE	P	DELETE	4.1 TITLE	VAS		Change	X Addition				
NAME	EDELMAN, HOWARD J		4 2 NAME	Thomas M. Burdi							
STREET ADDRESS	T. T.		4.3 STREET ADORESS	180 N. LaSalle Str	reet						
CITY-ST-ZIP	CHICAGO IL 60601		4.4 CiTY-ST-ZiP	Chicago, IL 60601							
TITLE	DVAS	DELETE	5 1 TITLE	1 1 1 1 1 1	02840: 4/15/990	Clang -					
NAME	HORTON, JAMES W		5.2 NAME	-0	4/15/990	11120	003				
STREET ADDRESS			5.3 STREET ADDRESS	*:	****61.25	*****E	1.25				
CITY-ST-ZIP	TALLAHASSEE FL 32308		54 CITY-ST-ZIP								
TITLE	VS	X DELETE	61TITLE			☐ Change	Addition				
NAME	NOELL, JOHN W		6.2 NAME	1 1							
STREET ADDRESS			6 3 STREET ADDRESS	12 11/12/0	16 GUA	'n					

CTY-ST-ZIP CHICAGO IL 60601

14. Thereby 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other ties empowered.

SIGNATURE: Douglas W. Bennett, Director

3/LEL99 850-488-4406