2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # 19600006308 FILED May 11, 2000 8:00 am LAW & LIBERTY FUUNDATION, INC. Secretary of State 05-11-2000 90316 036 ****61.25 Principal Place of Business Mailing Address 221 E. SEVENH AVE. TALLAHASSEE, FL 2. Principal Place of Business 321 E. SEVENTH 3. Mailing Address 221 E. SEVENTH AVE AVE. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number \vdash I ALLAHASSEE lallahassee Not Applicable Country VSA Zip \$8.75 Additional 5. Certificate of Status Desired 32303 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DANJEL WALKER Street Address (P.O. Box Number is Not Acceptable) 221 E. SEVENTH AVE. TALLAHASSEE, FL Zip Code 32303 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) 9. Election Campaign Financing FILE NOW: \$5.00 May Be Make Check Payable to Trust Fund Contribution. **FEE IS \$61.25** Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 11. Change Addition TITLE TITLE ☐ Delete DANIEL WALKER 221 E. SEVENTH AVE. NAME NAME STREET ADDRESS STREET ADDRESS TALLAHASSEE FL 32303 CITY-ST-ZIP CITY-ST-ZIP □ Change ☐ Addition ☐ Delete TITLE DANIEL MUNTHUMERY 9515 (ARR LANE WAY NAME NAME STREET ADDRESS STREET ADDRESS FL 32312 CITY-ST-ZIP City-ST-ZIP TAURHASSEE ☐ Change ☐ Addition TITLE Delete TITLE JUHN SMITH NAME NAME 2622 NUBLE DR. STREET ADDRESS STREET ADDRESS TALLAHASSEE FL 32312-3477 CITY-ST-7IP CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE CARL STRANG NAME NAME 1050 W. LAKE OTIS DR. STREET ADDRESS STREET ADDRESS WINTER HAVEN, FL CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change ☐ Addition WILLIAM CUPP 2525 BREEZEWOUD DR. NAME STREET ADDRESS STREET ADDRESS MARIUN, IN 46952 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

DANIEL WALKER

SIGNATURE: