2000 UNIFORM BUSINESS REPORT (UBR)

FILED May 26, 2000 8:00 am Secretary of State DOCUMENT # N98000004749 1-95/YAMATO CONDOMINIUM ASSOCIATION, INC. 05-26-2000 90286 049 ****61.25 Principal Place of Business Mailing Address 777 SOUTH FLAGLER DRIVE 777 SOUTH FLAGLER DRIVE SUITE 300E SUITE 300E WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33401 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 52-2234581 Applied For City & State City & State -APPLIED FOR-Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) LAYMAN, DAVID M 777 SOUTH FLAGLER DRIVE SUITE 300E City Zip Code WEST PALM BEACH FL 33401 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 (NOTE: Registered Agent signature required when reinstating) Make Check Payable to 9. Election Campaign Financing **FILE NOW:** \$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 10. 11. ☐ Addition Change TITLE TITLE Delete NAME NAME Caraci, Philip J STREET ADDRESS STREET ADDRESS 8401 CONNECTICUT AVENUE CITY-ST-ZIP CITY-ST-ZIP CHEVY CHASE MD 20815 ☐ Change ☐ Addition VPTD ☐ Delete TITLE TITLE NAME NAME Saul, B. Francis III STREET ADDRESS STREET ADDRESS 8401 CONNECTICUT AVENUE CITY-ST-ZIP CITY-ST-ZIE CHEVY CHASE MD 20815 ☐ Addition Change 💢 Delete TITLE TITLE SD NAME NAME Carrier, mark g STREET ADDRESS STREET ADDRESS 8401 CONNECTICUT AVENUE CITY-ST-ZIP CITY-ST-7IP CHEVY CHASE MD 20815 Addition SD ☐ Change Delete TIT) F TITLE NAME NAME HEASLEY, ROSS E. 8401 CONNECTICUT AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHEVY CHASE, MD 20815 CITY-ST-ZIP Change ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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

SIGNATURE: Signature and typed on printed name of signing office of Director Date Office of Date

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