2001 UNIFORM BUSINESS REPOR€ (UBR)

SIGNATURE:

May 17, 2001 8:00 am Secretary of State **DOCUMENT # P0000060731** 1. Entity Name MITIGATION CREDIT SALES, INC. 04-24-2001 90027 022 ***150.00 Mailing Address Principal Place of Business 3215 NORTHWEST 10TH TERRACE 3215 NORTHWEST 10TH TERRACE 43609 SUITE 209 SUITE 209 FORT LAUDERDALE FL 33309 FORT LAUDERDALE FL 33309 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 65-100 Not Applicable Zip Country 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 Name LEWIS-J.-LAUT*I*N CORPORATION SERVICE-COMPANY Street Address (P.O. Box Number is Not Acceptable 3215 NW 1077 TER 1201 HAYS STREET TALLAHASSEE-FL-32301 SUITE 2.09 IAUDERBALE ment for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named entity SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is aligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. CR2E034 (10/00) ☐ Addition ☐ Change TITLE Delete TITLE LAUTIN, LEWIS J NAME NAME 3215 NORTHWEST 10TH TERRACE, SUITE 209 STREET ADDRESS STREET ADORESS CITY-ST-ZIP FORT LAUDERDALE FL 33309 CITY-ST-ZIP ☐ Change ■ Addition TITLE Delete JOHN, DAVID L NAME NAME 3215 NORTHWEST 10TH TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P FORT LAUDERDALE FL 33309 Addition TITLE ☐ Change Delete TITLE PLATT, GEORGE 1 NAME NAME 3215 NORTHWEST 10TH_TERRACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P FORT LAUDERDALE FL 33309 ☐ Deleta ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TILE ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 the 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 this tee emporared to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment v

4/2