## -2001-UNIFORM BUSINESS REPORT (UBR) FILED Mar 26, 2001 8:00 am DOCUMENT # P0000068636 **Secretary of State** 1. Entity Name LANG HOLDING CO. (U.S.A), INC. 03-26-2001 90169 049 \*\*\*150.00 Principal Place of Business Mailing Address 8475 WESTERN WAY SUITE 1110 8475 WESTERN WAY SUITE 1110 JACKSONVILLE FL 32256 JACKSONVILLE FL 32256 818102 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 3664130 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CHRITTON, J. KIRBY Street Address (P.O. Box Number is Not Acceptable) 1301 RIVERPLACE BLVD SUITE 1500 JACKSONVILLE FL 32207 Zip Code City FL 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. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 OFFICERS AND DIRECTORS 11. 12 CR2E034 (10/00) ☐ Addition TITLE ☐ Delete TITLE ☐ Change LANG, HEIDI NAME NAME 8475 WESTERN WAY SUITE 1110 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP JACKSONVILLE FL 32256 ☐ Change ☐ Addition TITLE TITLE ☐ Delete LANG, STEFAN NAME NAME 8475 WESTERN WAY SUITE 1110 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32256 CITY-ST-ZIP TITLE ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS 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 TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS COY-ST-7IP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling does not qualify indicated on this report or supplemental report is true and accurate and the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information i pat my signature shall have the same legal effect as if made under oath; that I ar report as required by Chapter 607, Florida Statutes; and that my name appears in of the corporation or the receiver or tr stee empowered to execute this changed, or on an attachmer

SIGNATURE: