

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Mar 28, 2001 08:00 AM**
Secretary of State**DOCUMENT # P00000071184**1. Entity Name
RANGER ACQUISITION CORP.**Principal Place of Business**CRAVATH, SWAINE & MOORE, WORLDPLAZA
825 8TH AVE, 47TH FLOOR
NEW YORK NY
100197475**Mailing Address**CRAVATH, SWAINE & MOORE, WORLDPLAZA
825 8TH AVE, 47TH FLOOR
NEW YORK NY
100197475**2. Principal Place of Business**

700 UNIVERSE BOULEVARD

3. Mailing Address

700 UNIVERSE BOULEVARD

Suite, Apt. #, etc.

ATTN: DENNIS P. COYLE

Suite, Apt. #, etc.

ATTN: DENNIS P. COYLE

City & State

JUNO BEACH FL

City & State

JUNO BEACH FL

Zip

33408

Country

US

Zip

33408

Country

US

4. FEI Number

65-1039348

Applied For

Not Applicable

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered AgentCT CORPORATION SYSTEM
1200 S PINE ISLAND RDPLANTATION
33324 US

FL

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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)

03/28/2001

DATE

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☒**FILE NOW!!! FEE IS \$150.00****After MAY 1, 2001 Fee will be \$550.00****Make Check Payable to Department of State**10. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**11. OFFICERS AND DIRECTORS**

TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
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STREET ADDRESS	
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TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	DVS	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	COYLE DENNIS PDVS		
STREET ADDRESS	700 UNIVERSE BOULEVARD		
CITY-ST-ZIP	JUNO BEACH FL 33408		
TITLE	DVT	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	TANCER EDWARD FDVT		
STREET ADDRESS	700 UNIVERSE BOULEVARD		
CITY-ST-ZIP	JUNO BEACH FL 33408		
TITLE	DP	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	HAY LEWIS III DP		
STREET ADDRESS	700 UNIVERSE BOULEVARD		
CITY-ST-ZIP	JUNO BEACH FL 33408		
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			
STREET ADDRESS			
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 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 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: DENNIS P. COYLE

DVS

03/28/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/00)