Daytime Phone *

2001 UNIFORM BUSINESS REPORT (UBR)

Feb 08, 2001 8:00 am DOCUMENT # P0000079780 **Secretary of State** 1. Entity Name ZIMMERMAN PARTNERS, INC. 02-08-2001 90171 038 ***150.00 Principal Place of Business Mailing Address 1708 VENEZIA WAY 1708 VENEZIA WAY NAPLES FL 34105 NAPLES FL 34105 713913 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4, FEI Number Not Applicable 59-3667563 Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LAW, LESTER B ESQ. Street Address (P.O. Box Number is Not Acceptable) C/O MYERS KRAUSE & STEVENS, CHARTERED 5811 PELICAN BAY BOULEVARD - SUITE 600 NAPLES FL 34108 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Delete TITLE ☐ Change Addition TITLE P/V/T/S/M NAME NAME June S. Zimmerman STREET ADDRESS STREET ADDRESS 1708 Venezia Way CITY-ST-7IP CITY-ST-ZIP Naples, FL 34105 ☐ Change TITLE ☐ Delete TITLE D Anne Z. Dundorf 5415 Dunedin Lane NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Charlotte, NC 28270 ☐ Addition TITLE ☐ Delete TITLE ☐ Change R.-Mark-Zimmerman-NAME NAME ---4425 Fairland Drive N.E STREET ADDRESS STREET ADDRESS Cedar Rapids, IA 52402 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ 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 CITY-ST-ZIP CITY-ST-7IP 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.

/June S. Zimmerman

SIGNING OFFICER OR DIRECTOR

SIGNATURE: _