2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 28, 2001 08:00 AM P00000114972 DOCUMENT# 1. Entity Name **Secretary of State** THE BEAR-DEN GROUP, INC. Principal Place of Business Mailing Address 11891 US HIGHWAY ONE 11891 US HIGHWAY ONE NORTH PALM BEACH FL NORTH PALM BEACH FL33408 33408 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 65-1067825 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PAOLUCCI DENISE 11891 US HIGHWAY ONE Street Address (P.O. Box Number is Not Acceptable) NORTH PALM BEACH FL33408 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. 04/28/2001 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 After MAY 1, 2001 Fee will be \$550.00 \$5.00 May Be 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 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE VP/D ☐ Delete TITLE ☐ Addition CR2E034 (11/00) X Change PAOLUCCI B MAME GERALD NAME PAOLUCCI GERALD PO BOX 9057 STREET ADDRESS STREET ADDRESS PO BOX 9057 .IIIPITER CITY-ST-ZIP FL 33468 CITY-ST-ZIP JUPITER ☐ Delete D TITLE P/D X Change NAME PAOLUCCI DENISE NAME PAOLUCCI DENISE STREET ADDRESS PO BOX 9057 STREET ADDRESS PO BOX 9057 CITY-ST-ZIP JUDITER FL 33468 CITY-ST-ZIP JUPITER FL33468 Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Change Addition 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 Delete TITLE ☐ Addition 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 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: Gerald A. Paolucci VP/D 04/28/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Phone #