2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

May 05, 2004 8:00 am **Secretary of State DOCUMENT # P01000027638** 05-05-2004 90243 020 ***150.00 BKRY OF ARIZONA, INC. Principal Place of Business Mailing Address C/O LEGAL DEPT 1200 SOUTH PINE ISLAND ROAD 14022231 PLANTATION, FL 33324 2828 CROASDAILE DRIVE DURHAM, NC 27705 3. Mailing Address 2. Principal Place of Business Navigant Consulting Suite, Apt. #, etc. 04292004 Chg-P CR2E034 (10/03) Two North Charles Street 4. FEI Number Applied For City & State Suite 400 65-1068536 Not Applicable Baltimore, Maryland 21201 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 Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) C/O CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION, FL 33324 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. I am familiar with, and accept the obligations of registered agent. DATE Signature, typed or printed name of registered agent and little il applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2004 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. DCEO Change ☐ Addition C Delete TITES TITLE CROD SCOTT, STEVEN M M.D. NAME Charles R. Goldstein NAME Navigant Consulting 2828 CROASDAILE DR STREET ADDRESS STREET ADDRESS Two North Charles Street -Suite 400 CITY+ST-78P CITY-ST-ZIP DURHAM, NC 27705 Baltimore, Maryland 21201 **PCEO** ☐ Change ■ Addition TITLE Delete TITEF GREENMAN, JACK S NAME NAME 2828 CROASDAILE DR STREET ADDRESS STREET ADDRESS DURHAM, NC 27705 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addilion ST Delete TITLE TITLE WEGNER, ANITA S NAME NAME 2828 CROASDAILE DR STREET ADORESS **6TREET ADDRESS** DURHAM, NC 27705 CITY-ST-ZIP CITY-ST-719 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME

12. I hereby certify that the information supplied with this filling 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS CITY - ST- ZIP

Charles R. Goldstein, Chief Restructuring Officer, 4/30/04 410-454-6830

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED