FILED May 06, 2002 8:00 am § Secretary of State **2002 UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # P01000035058 1. Entity Name 05-06-2002 90008 029 ***150.00 NORDIS FUNDRAISING, INC. Principal Place of Business Mailing Address 1501 S. UNIVERSITY DRIVE 1501 S. UNIVERSITY DRIVE PLANTATION FL 33324 PLANTATION FL 33324 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For Not Applicable 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 Steven A. Weinberg, Esquire Address (P.O. Box Number is Not Acceptable) CORPORATION SERVICE COMPANY 1201 HAYS STREET Frank, Weinberg & Black, P.L. TALLAHASSEE FL 32301-2525 7805 SW Sixth Court Zip Code 333324 City Plantation 8. The above named entity submits this state he purpose of changing its registered office or registered agent, or both, in the State of Florida. Signature, typed or printed na (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 Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. П Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITI F Change ☐ Addition NAME -BEDFORD, HENRY NAME STREET ADDRESS 1501 S. UNIVERSITY DRIVE STREET ADDRESS CITY-ST-ZIP PLANTATION FL 33324 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME: STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition : NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete 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 engagement.

TITLE

NAME

STREET ADDRESS

CITY-ST-7IP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGN OF FIFTCER OR DIRECT

☐ Delete

4/17/2002

(615) 391-252

Daytime Phone #

☐ Change

☐ Addition