FILED 2002 UNIFORM BUSINESS REPORT (UBR) Apr 23, 2002 8:00 am Secretary of State P01000054298 DOCUMENT # NEW YORK AVENUE PROPERTY NO. 1, INC. 04-23-2002 90322 013 ***150.00 Principal Place of Business Mailing Address C/O RICHARD A. SCHLOSSER C/O RICHARD A. SCHLOSSER 500 E KENNEDY BLVD. STE 200 500 E KENNEDY BLVD. STE 200 TAMPA FL 33602 TAMPA FL 33602 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 62-1862375 Not Applicable Zip Country 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 SCHLOSSER, RICHARD A Street Address (P.O. Box Number is Not Acceptable) 500 E KENNEDY BLVD, STE 200 **TAMPA FL 33602** 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 Signature, typed or printed name of registered agent and trile it applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing Tax thing requirement and elects to do so. \$5.00 May Be After May 1, 2002; Fee will be \$550.00 Trust Fund Contribution. 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 ☐ Delete TITLE CR2F034 (9/01) President ☐ Addition NAME NAME Arthur E. Kechijian STREET ADDRESS STREET ADDRESS 5904 Cabell View Ct. CITY-ST-ZIP CITY-ST-ZIP Charlotte, NC 28277 Delete Senior Vice President Larry E. Austin Change ☐ Addition NAME NAME STREET ADDRESS 6611 Colston Ct. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Charlotte, NC 28210 TITLE Delete TITLE ☐ Change Addition NAME 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-ZIP TITLE ☐ Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Addition VAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-62

704-543-3860