2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 28, 2000 8:00 am Secretary of State **DOCUMENT # P01560** 1. Entity Name WHITEHALL PRINTING COMPANY 01-28-2000 90145 030 ***158.75 Principal Place of Business Mailing Address 4244 CORPORATE SQUARE 4244 CORPORATE SQUARE NAPLES FL 34104-4753 NAPLES FL 34104 O O O A O O NA A 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State 36-2420248 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HIRSCH, EMIL G Street Address (P.O. Box Number is Not Acceptable) 4244 CORPORATE SQUARE SUITE B NAPLES FL 34104 Zip Code FL 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 DATE 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 After MAY 1, 2000 Fee will be \$550.00 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. PTD Addition □ Change TITLE ☐ Delete TITLE HIRSCH, MYRON A. 3 NAME NAME 4244 CORPORATE SQUARE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES FL 34104 CITY-ST-ZIP ☐ Change VSD Addition TITLE ☐ Delete TITLE HIRSCH, EMIL G. NAME NAME **4244 CORPORATE SQUARE** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP:=* NAPLES FL 34104 CITY-ST-ZIP-☐ Delete Addition TITLE HIRSCH, HARRIET NAME NAME 4244 CORPORATE SQUARE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES FL 34104 CITY-ST-ZIP Addition ☐ Delete TITLE ☐ Change TITLE HIRSCH, JEFFREY W. NAME NAME **4244 CORPORATE SQUARE** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34104 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE NAME 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. changed, or on an attachment with an address

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP