2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

Apr 30, 2007 8:00 am Secretary of State DOCUMENT # P02000077070 04-30-2007 90402 048 ***150 00 1. Entity Name OP BRANDON, INC. 40088111 Principal Place of Business Mailing Address 1035 POWERS PLACE 1035 POWERS PLACE ALPHARETTA, GA 30004 ALPHARETTA, GA 30004 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (12/06) 04192007 Chg-P Applied For 4. FEI Number City & State City & State 14-1860657 Not Applicable Country Zip Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 Zip Code FI 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 SIGNATURE (NOTE: Pegistered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and blie if applicable \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \Box Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS ☐ Change ☐ Addition DCEO Delete THLE TITLE DEERING, LAWRENCE R NAME NAME 800 CONCOURSE PKWY S, STE 200 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MAITLAND, FL 32751 ☐ Delete TITLE Change Addition TITLE CURCIO, EUGENIO R NAME STREET ADDRESS 800 CONCOURE PKWY S, STE 200 STREET ADDRESS CITY-ST-ZIP MAITLAND, FL 32751 CITY-ST-ZIP Change ☐ Addition DPCO ☐ Delete TITLE TITLE CONTE, JOSEPH D NAME NAME STREET ADDRESS 800 CONCOURE PKWY S, STE 200 STREET ADDRESS CITY-ST-ZIP MAITLAND, FL 32751 CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE CORSETTI, ROSEMARY L NAME NAME ONE OXFORD CENTRE, 20TH FL 301 GRANT ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PITTSBURGH, PA 15219 CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE DITE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 either like empowered.

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Qaytime Phone #

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RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED