2003 FOR PROFIT CORPORATION

Sep 03, 2003 8:00 am **Secretary of State** UNIFORM BUSINESS REPORT (UBR) 09-03-2003 90021 014 ***558.75 P02000131951 DOCUMENT # 1. Entity Name T-REX BOCA OWNERS CORP. Principal Place of Business Mailing Address C/O T-REX TECHNOLOGY CENTERS, INC. C/O T-REX TECHNOLOGY CENTERS. INC. 747 THIRD AVENUE - 24TH FLOOR 747 THIRD AVENUE - 24TH FLOOR NEW YORK NY 10017 NEW YORK NY 10017 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For City & State City & State 43-1996669 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 UNITED CORPORATE SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 9200 SOUTH DADELAND BOULEVARD SUITE 508 Zip Code MIAMI FL 33156 City 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.. 15 SIGNATURE: 1 DATE Signature, typed or printed name of registered agent and title of applicable chiO15. Applishered Algent signature regioned when reinstating FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN :: OFFICERS AND DIRECTORS 10. 11. CEO Thomas Mulroy TITLE THLE Delete MAME MAME 3rd Avenue, 24th Floor STREET ADDRESS STREET ADDRESS New York, NY 10017 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Oelere Change President NAME NAME _ Clifford J. Preminger STREET ADDRESS STREET ADDRESS 5301 Wisconsin Avenue, Suite 740 CITY-ST-ZIP CITY-ST-ZIP Washington, DC 20015 Change ☐ Delete TITLE NAME Vice President: STREET ADDRESS STREET ADDRESS Joan E. Stavola CITY-ST-ZIP CITY-ST-ZIP 5000 T-REX Avenue, Suite 000 ____ -dd ...ou TITLE ☐ Delete TITLE Boca Raton, FL 33431 NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP T Pagition TITLE ☐ Delete TITLE ☐ Change NAME STREET ADDRESS STREET ADDRESS

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12. Thereby 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 10

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TITLE

NAME STREET ADDRESS