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2001 UNIFORM BUSINESS REPORT (UBR)

Feb 27, 2001 8:00 am DOCUMENT # P02224 Secretary of State 1. Entity Name 01-31-2001 90024 015 ***150.00 KEOGH CONSULTING, INC. Principal Place of Business Mailing Address 300 VILLAGE SQUAR CROSSING 300 VILLAGE SQUAR CROSSING 101 WEST PALM BEACH FL 33410 WEST PALM BEACH FL 33410 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 34-1407392 Applied For Not Applicable Zip Country. Country Zip \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RENSHAW, FRANK W Street Address (P.O. Box Number is Not Acceptable) 300 VILLAGE SQUARE CROSSING **STE 101** WEST PALM BEACH FL 33410 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, 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 \$5.00 May Be _10, _Election Campaign Financing _ Tax filing requirement and elects to do so: After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Delete TITLE TITLE ☐ Addition RENSHAW, FRANK W. NAME KAME 547 OYSTER ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NORTH PALM BEACH FL CITY-ST-ZIP TITLE Delete ם ממ GAONKAR, RAVI V. NAME NAME STREET ADDRESS 8525 TIMBER TRAIL STREET ADDRESS BRECKSVILLE OH CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ms £ ☐ Change ☐ Addition schle Thomas E. Oakywood Lane NAME MAME -STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-71P TITLE Delete ☐ Change ☐ Addition NAME STREET ADORESS STREET ADDRESS CITY-ST-7/P CITY-ST-7/P TITLE ☐ Addition ☐ Delete TITLE ☐ Chance NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE Delete TITI F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST- JP CITY-ST-ZIP 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. 2/5/01 561-775-3833 SIGNATURE:

FRANK W. RENSHAW. PRESIDENT.