2011 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 21, 2011
Secretary of State

DOCUMENT# P03000117658

Entity Name: WCS ADMINISTRATIVE SERVICES, INC.

Current Principal Place of Business:

601 RIVERSIDE AVE, 12TH FL
JACKSONVILLE, FL 32204

New Principal Place of Business:

1601 SAWGRASS CORPORATE PARKWAY
SUITE 300
SUNRISE, FL 33323

Current Mailing Address:

601 RIVERSIDE AVE, 12TH FL
JACKSONVILLE, FL 32204

New Mailing Address:

1601 SAWGRASS CORPORATE PARKWAY
SUITE 300
SUNRISE, FL 33323

FEI Number: 20-0322428 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION, FL 33224 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PDIR
Name: NORCROSS, GARY A
Address: 1601 SAWGRASS CORPORATE PARKWAY, SUITE 300
City-St-Zip: SUNRISE, FL 33323

Title: EVPS
Name: GRAVELLE, MICHAEL L
Address: 1601 SAWGRASS CORPORATE PARKWAY, SUITE 300
City-St-Zip: SUNRISE, FL 33323

Title: TRES
Name: LARSEN, KIRK T
Address: 1601 SAWGRASS CORPORATE PARKWAY, SUITE 300
City-St-Zip: SUNRISE, FL 33323

Title: DIR
Name: GRAVELLE, MICHAEL L
Address: 1601 SAWGRASS CORPORATE PARKWAY,
City-St-Zip: SUITE 300, FL 33323

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: KELLY LETTMANN POA 03/21/2011

Electronic Signature of Signing Officer or Director — Date