2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 23, 2003
Secretary of State

DOCUMENT# P06224

Entity Name: BUCHANAN MARINE INC.

Current Principal Place of Business:

701 NORTH RIVERSIDE DRIVE
POMPANO BEACH, FL 33062

New Principal Place of Business:

Current Mailing Address:

701 NORTH RIVERSIDE DRIVE
POMPANO BEACH, FL 33062

New Mailing Address:

FEI Number: 06-1008149 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
C/O CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD.
PLANTATION, FL 333240000 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

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: TOMASSO, VICTOR F.,
Address: 30 WINNEBAGO ROAD
City-St-Zip: SEA RANCH LAKES, FL

Title: PD ( ) Delete
Name: ABATE, JOSEPH A
Address: 62 MAPLEWOOD RD
City-St-Zip: SOUTHINGTON, CT

Title: T ( ) Delete
Name: LOHNE, PETER M
Address: 29 PERKINS RD
City-St-Zip: BETHANY, CT

Title: VPSD ( ) Delete
Name: LOHNE, PETER M
Address: 29 PERKINS RD
City-St-Zip: BETHANY, CT

Title: ( ) Delete
Name:
Address:
City-St-Zip:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: ABATE, CARMINE J D,P
Address: BLACK ROCK AVENUE
City-St-Zip: NEW BRITAIN, CT 06052 US

Title: DTVP (X) Change ( ) Addition
Name: RYAN, JAMES F D,T,VP
Address: BLACK ROCK AVENUE
City-St-Zip: NEW BRITAIN, CT 06052 US

Title: D (X) Change ( ) Addition
Name: LOHNE, PETER M D
Address: BLACK ROCK AVENUE
City-St-Zip: NEW BRITAIN, CT 06052 US

Title: VPS (X) Change ( ) Addition
Name: LOHNE, PETER M VP,S
Address: BLACK ROCK AVENUE
City-St-Zip: NEW BRITAIN, CT 06052 US

Title: AS ( ) Change (X) Addition
Name: HICKMAN, GARY P AS
Address: 375 NORTHRIDGE ROAD, SUITE 350
City-St-Zip: ATLANTA, GA 30350 US

Title: AS ( ) Change (X) Addition
Name: O'DRISCOLL, MICHAEL G AS
Address: 375 NORTHRIDGE ROAD, SUITE 350
City-St-Zip: ATLANTA, GA 30350 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: GARY P. HICKMAN AS 02/23/2003

Electronic Signature of Signing Officer or Director — Date