

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Feb 25, 2002 8:00 am
Secretary of State

02-25-2002 90035 014 ***150.00

DOCUMENT # P20723 ✓
1. Entity Name
COLERIDGE CORPORATION

823236

DO NOT WRITE IN THIS SPACE

| | | | |
|---|-----------------------|---|-----------------------|
| 2. Principal Place of Business 1250 E. Hallandale Bch Blvd. | | 3. Mailing Address 1250 E. Hallandale Bch Blvd. | |
| Suite, Apt. #, etc. 300 | | Suite, Apt. #, etc. 300 | |
| City & State Hallandale, FL | | City & State Hallandale, FL | |
| Zip 33009 | Country USA | Zip 33009 | Country USA |

DO NOT WRITE IN THIS SPACE

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|-----------------------------------|--|--|----|--|
| DO NOT WRITE IN THIS SPACE | | 4. FEI Number 59-2735444 | | Applied For <input type="checkbox"/> |
| | | | | Not Applicable <input type="checkbox"/> |
| | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required |
| | | 7. Name and Address of Current Registered Agent | | |
| | | Name Brenda Nestor | | |
| | | Street Address (P.O. Box Number is Not Acceptable) 1250 E. Hallandale Bch Blvd. #300 | | |
| | | City Hallandale | FL | Zip Code 33009 |

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 *Brenda Nestor* (NOTE: Registered Agent signature required when reinstating) DATE _____

| | | |
|---|--|--|
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/> | January 1 - May 1 Fee is \$150.00 After May 1, Fee is \$550.00 Amended UBR is \$61.25 Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees |
|---|--|--|

| 11. OFFICERS AND DIRECTORS | | | |
|--|---|--|-----------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SEE ATTACHED | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P/D/C Victor Posner 1250 E. Hallandale Beach Blvd. #300 Hallandale, FL 33009 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D/Exec. VP/VC Brenda Nestor 1250 E. Hallandale Beach Blvd. #300 Hallandale, FL 33009 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | DO NOT WRITE IN THIS SPACE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP/D Melvin Colvin 1250 E. Hallandale Beach Blvd. #300 Hallandale, FL 33009 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S Blanche Launer 1250 E. Hallandale Beach Blvd. #300 Hallandale, FL 33009 | TITLE NAME STREET ADDRESS CITY-ST-ZIP | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CFO Edward T. McGann 1250 E. Hallandale Beach Blvd. #300 Hallandale, FL 33009 | TITLE NAME STREET ADDRESS 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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Blanche Launer* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date _____ Daytime Phone # _____

CR2F034R (12/01)

Attachment
DOC# P20723

823236

OFFICERS AND DIRECTORS

Coleridge Corporation

Officer

Victor Posner
Brenda Nestor
Melvin Colvin
Blanche Launer

Title

President
Executive Vice President
Vice President
Secretary

Director

Victor Posner
Brenda Nestor
Melvin Colvin

Title

Director/Chairman
Director/Vice Chairman
Director