2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # P21938** Mar 21, 2000 8:00 am 1. Entity Name **Secretary of State** JERBO HOLDINGS I. INC. 03-21-2000 90096 049 ***150.00 Principal Place of Business Mailing Address 1725 SIDEWINDER DR 1725 SIDEWINDER DR SUITE 1000 SUITE 1000 PARK CITY UT 84060-7322 PARK CITY UT 84060 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 36-3617004 Not Applicable \$8.75 Additional Country Zip Country Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 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 Signature, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. Change ☐ Addition PTD ☐ Delete TITLE NAME REINSDORF, JERRY M. STREET ADDRESS STREET ADDRESS 1725 SIDEWINDER DR., SUITE 1000 CITY-ST-ZIP CITY-ST-ZIP PARK CITY UT 84060 ☐ Addition Change ☐ Delete TITLE JUDELSON, ROBERT A. NAME NAME STREET ADDRESS STREET ADDRESS 1725 SIDEWINDER DR., SUITE 1000 CITY-ST-ZIP CITY-ST-ZIP PARK CITY UT 84060 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME PENNER, GERALD M. NAME STREET ADDRESS STREET ADDRESS 525 WEST MONROE ST.#1600 CITY-ST-ZIP CITY-ST-ZIP CHICAGO IL 60661 Change ☐ Addition ☐ Delete TITLE TITLE AS NAME NAME CHANESS, LARRY STREET ADDRESS STREET ADDRESS 1725 SIDEWINDER DR., SUITE 1000 CITY-ST-ZIP CITY-ST-ZIP PARK CITY UT 84060 Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby 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 11 or Block 12 if

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date