2000 UNIFORM BUSINESS REPORT (UBR)

FILED May 02, 2000 8:00 am Secretary of State **DOCUMENT # P22772** 1. Entity Name NORTON LILLY INTERNATIONAL INC. 05-02-2000 90138 042 ***150.00 Principal Place of Business Mailing Address 435 CLARK RD 435 CLARK RD SHITE 500 SUITE 500 JACKSONVILLE FL 32218 JACKSONVILLE FL 32218-5575 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 13-3138576 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PIERCE, JOHN M Street Address (P.O. Box Number is Not Acceptable) 435 CLARK RD SUITE 500 JACKSONVILLE FL 32218 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 (NQTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Addition D BRENDAN & MECANILL 200 PLAZA DRIVE ☐ Change Delete TITLE TITLE GRIFFITH, J H NAME NAME STREET ADDRESS STREET ADDRESS 200 PLAZA DRIVE CITY-ST-ZIP CITY-ST-ZIP SECAUCUS NJ 07096 **PCEO** Addition ☐ Change ☐ Delete TITLE TITLE C.A. BLIM JR CONRAD, W G NAME 200 PLAZA Da 200 PLAZA DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SECAUCUS NJ 07096 CITY-ST-ZIP ☐ Change ■ Addition TITLE ☐ Delete SPRAGUE, G.L JR. NAME NAME 200 PLAZA DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SECAUCUS NJ 07096 CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE MCMULLEN, J J NAME NAME STREET ADDRESS 200 PLAZA DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SECAUCUS NJ 07096 ☐ Change ☐ Addition Delete TITI F TITLE MČMÜLLEN, J J JR. NAME NAME 200 PLAZA DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP SECAUCUS NJ 07096

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 address, with all other like empowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-7IP

SIGNATURE:

MCMULLEN, P J

200 PLAZA DRIVE

SECAUCUS NJ 07096

TITLE

NAME

STREET ADDRESS

CITY-ST-7IP

☐ Delete

☐ Change

☐ Addition