2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED May 31, 2000 8:00 am Secretary of State DOCUMENT # P32427 1. Entity Name DRAX ASSOCIATES, INC. 05-31-2000 90021 005 ***150.00 Principal Place of Business Mailing Address 8889 PELICAN BAY BLVD 8889 PELIÇAN BAY BLVD NAPLES FL 34108-7512 NAPLES FL 34108 US US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 58-1922532 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name THE PRENTICE-HALL CORPORATION SYSTEM INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301 Zip Code City FL 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 tale if applicable. (NOTE: 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 filling 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS (66/6)PSTD ☐ Addition TITLE Delete TITLE Change KANTER, BURTON NAME NAME CRZE034 STREET ADDRESS 2 NORTH LASALLE STREET ADDRESS CITY - ST-ZIP CHICAGO IL 60602 CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete DDF HAMILTON, LINDA ANN NAME NAME 8889 PELICAN BAY BLVD STE 403 STREET ADDRESS STREET ADDRESS NAPLES FL 34108 CITY-ST-ZIP CITY-ST-ZIF Change Addition TITI F ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CUTY-ST-ZIP CITY-ST-70 Addition ☐ Delete TILE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 cath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this leport 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