2000 UNIFORM BUSINESS REPORT (UBR) **FILED** DOCUMENT # P32917 May 09, 2000 8:00 am 1. Entity Name **Secretary of State** SHAWNEE FINANCE CORP. 05-09-2000 90075 017 ***150.00 Mailing Address Principal Place of Business c/o Corporation Service Company 1013 Centre Road Wilmington, DE 19805 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State Not Applicable 51-0323837 \$8.75 Additional Country Zip Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Corporation Service Company Street Address (P.O. Box Number is Not Acceptable) 1201 Hayes Street Tallahassee, FL 32301 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. FILE NOW!!! FEE IS \$150,00 After MAY 1, 2000 Fee will be:\$550,00 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. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change PST Delete TITLE HILL Zachary K. Shipley Edward F. Hines, Jr. NAME 1601 Forum Place STREET ADDRESS 63 Salem Street ANDRESS CITY-ST-ZIP West Palm Beach, FL 33401 ST ZIP Andover, MA 01810 Change X Addition Delete Nolly E. Corley Edward F. Hines, Jr. STREET ADDRESS 20 Bellaire Road 63 Salem Street anger **bilimin**iss CITY-ST-ZIP · · ST-ZIP Andover, MA 01810 West Roxbury, MA 02131 Addition Change ☐ Delete STREET ADDRESS CITY-ST-ZIP ST-ZIP ☐ Change Addition TITLE - 🔲 Delete NAME STREET ADDRESS CITY-ST-ZIP ST-7/P Addition ☐ Delete ttttE NAME STREET ADDRESS - Almoreg CITY-ST-ZIP ST ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS CHY-ST-ZIP. ST-ZIP 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. In powered 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 three provered. Edward F. Hines, Jr.

President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MATURE:

4/**27**/00

(617) 248-5008

Daylime Phone #