2000 UNIFORM BUSINESS REPORT (UBR)

Apr 25, 2000 8:00 am Secretary of State **DOCUMENT # P33033** 1. Entity Name HIGHHILLS REAL ESTATE ESTABLISHMENT INC. 04-25-2000 90013 026 ***150.00 Principal Place of Business Mailing Address C/O WILLIAM M. ATTERBURY, III RIGISTRASSE 60 321 ROYAL POINCIANA PLAZA 8006 ZURICH 946904 PALM BEACH FL 33480-4019 **SWITZERLAND** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0429422 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ATTERBURY, WILLIAM W III Street Address (P.O. Box Number is Not Acceptable) 321 ROYAL POINCIANA PLAZA PALM BEACH FL 33480 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition ☐ Delete TITLE TITLE MEIER, GERHARD NAME NAME STREET ADDRESS BERGSTRASSEE 389 FL 9497 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LIECTENSTEIN TR ☐ Change ☐ Addition ☐ Delete TITLE EGGENBERGER, HANS NAME STREET ADDRESS BERGSTRASSEE 389, FL-9497 STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P LIECHTENSTEIN TR Change - Addition Delete -TITLE -TITLE ATTERBURY, WILLIAM W III NAME NAME 321 ROYAL POINCIANA PLAZA STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP PALM BEACH FL 33480 ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete 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 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 trits report or supplemental epops is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustee ampowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

with all other like empowered.

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Atterbury III

FILED

April 19, 2000 (561) 659-1770