FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED Jan 29 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS P38123 DOCUMENT # (6)DOBI-SYMPLEX, INC. Principal Place of Business Mailing Address DOBI-SYMPLEX 7700 OLD GEORGETOWN RD 2360 CLARK ST BETHESDA MD 20814 DO NOT WRITE IN THIS SPACE APOPKA FL 32703 3. Date Incorporated or Qualified 03/31/1992 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 52-1770022 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year intangible 30 Personal Property Tax due June 30. 24 29 ☐ Yes 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD 82 Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL 33324 83 84 City 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE D 1.1 TITLE CHARRETTE, EDMOND NAME 1.2 NAME 304 CAMBRIDGE RD. STREET ADDRESS 1.3 STREET ADDRESS WOBURN MA 01801 CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE HELLMUTH, JAMES B 2.2 NAME NAME 380 MADISON AVE 12TH FLOOR STREET ADDRESS 2.3 STREET ADDRESS **NEW YORK FL** CITY - ST-ZIP 2. 4 CITY - ST - ZIP TITLE DELETE 3.1 TITLE S Change Addition STEIN, RICHARD A. NAME 3.2 NAME 7700 OLD GEORGETOWN RD. 2ND FLOOR STREET ADDRESS 3.3 STREET ADDRESS BETHESDA MD 20814 CITY - ST - ZIP 3.4. CITY - ST-ZIP DELETE Change Addition 4.1 TITLE TITLE NAME SABEL, IVAN 4. 2 NAME 7700 OLD GEORGETOWN RD. 2ND FLOOR 4.3 STREET ADDRESS STREET ADORESS BETHESDA MD 20814 CITY - ST- ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE BLUTT, MITCHELL M NAME 5.2 NAME 380 MADISON AVE 12TH FLOOR 5.3 STREET ADDRESS STREET ADDRESS **NEW YORK NY**

8.4 CITY-ST-ZIP 14. Thereby certify that the information supplied with this filing does not qualify at the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 redevice empewered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

SIGNATURE:

MCNERNEY, WALTER

2001 SHERIDAN RD. RM 3080

EVANSTON IL 60208-2007

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

IGNATUSE REQUIRED

DELETE

(301)986-0701

Change

Addition

(10/97

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