FILED

2002 Uniform Business Report (UBR)

Apr 10, 2002 8:00 am Secretary of State DOCUMENT # P92000010395 1. Entity Name 04-10-2002 90445 027 ***150 00 HALLMARK GROUP, INC. Principal Place of Business Mailing Address 433 PLAZA REAL 433 PLAZA REAL STE. 275 STE. 275 **BOCA RATON FL 33432 BOCA RATON FL 33432** us 2. Principal Place of Business 3. Mailing Address 1700 S. DIXIE HWY 1700 S. DIXIE HWY. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. St 400 St 400 City & State City & State 4. FEI Number Applied For 65-0378151 **60**0 A BOCA RATON FL Not Applicable Country 2CSA \$8.75 Additional 5. Certificate of Status Desired 33.432 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent HALL. EVANS HALL, ROGER EVANS Street Address (P.O. Box Number is Not Acceptable) 433 PLAZA REAL STE. 275 St 400 **BOCA RATON FL 33432** Zip Code 3343 2 8. The above named entit s this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida BOGER EVANS HALL **SIGNATURE** 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 \Box Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. (9/01) TITLE PST TITLE Change ☐ Addition ☐ Delete HALL, ROGER E NAME NAME 1700 S. DIXIE HWY, St 400 433 PLAZA REAL, STE, 275 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BOCA RATON FL CITY-ST-ZIP BOCA RATON, FL Change TITLE ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREFT ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

ress, with all other like empowered

SIGNATURE: