2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 27, 2001 8:00 am Secretary of State DOCUMENT # P9300004162 RON-PRO INVESTORS, INC. 04-27-2001 90251 045 ***150.00 Principal Place of Business Mailing Address 7555 MANDARIN DRIVE DUBNER, ANNETTE **BOCA RATON FL 33433** 7555 MANDARIN DR **BOCA RATON FL 33433** HS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0393601 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent DUBNER, ANNETTE N Street Address (P.O. Box Number is Not Acceptable) 7555 MANDARIN STREET **BOCA RATON FL 33433** Zio Code City 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 II 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 filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. ☐ Change TITLE Delete DUBNER, BRADLEY 7555 MANDARIN DR. NAME DUBNER, ANNETTE STREET ADDRESS STREET ADDRESS 7555 MANDARIN DRIVE CITY-ST-ZIP CITY-ST-ZIP BOCA RATON FLA. 33433 **BOCA RATON FL 33433** ☐ Delete TITLE Change Addition STRUPP, LESLIE NAME STREET ADDRESS 13703 ROSETREE COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CHANTILLY VA 22021 ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Delete Addition TITLE NAME STREET ADDRESS STREET ADDRESS

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 changed, or on an attachmen with an address, with all other like empayored.

CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-0, 54-488-8773

Daytime Phone #

CR2E034 (10)