2001 UNIFORM BUSINESS REPORT (UBR) FILED Feb 15, 2001 08:00 AM P93000013932 DOCUMENT# Entity Name **Secretary of State** THE PATTEN GROUP, INCORPORATED Principal Place of Business Mailing Address 1803 MADRID AVENUE 1803 MADRID AVENUE LAKE WORTH FL LAKE WORTH FL 33461 33461 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 65-0400094 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent GEORGE 1803 MADRID AVENUE Street Address (P.O. Box Number is Not Acceptable) LAKE WORTH FL33461 US 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 02/15/2001 Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition GEORGE MAME LUISE NAME 1803 MADRID AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LAKE WORTH FL 33461 CITY-ST-ZIP VD ☐ Delete TITLE VD X Change ☐ Addition NAME PATTEN ROBERT NAME PATTEN ROBERT STREET ADDRESS 1803 MADRID AVENUE STREET ADDRESS 1803 MADRID AVENUE CITY-ST-ZIP LAKE WORTH \mathbf{FL} CITY-ST-ZIP LAKE WORTH FL33461 VDT ☐ Delete TITLE VDT X Change ☐ Addition PATTEN STEPHEN NAME PATTEN STEPHEN STREET ADDRESS 1803 MADRID AVENUE STREET ADDRESS 1803 MADRID AVENUE CITY-ST-ZIP LAKE WORTH FLCITY-ST-ZIP LAKE WORTH FL. 33461 TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: __Stephen F. Patten

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/15/2001 Date

Daytime Phone #

CR2E034 (11/00)