2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

May 01, 2001 8:00 am Secretary of State DOCUMENT # P93000019729 1. Entity Name WAYCO HOLDINGS, INC. 05-01-2001 90103 005 ***150.00 Principal Place of Business Mailing Address 450 EAST LAS OLAS BLVD. 450 EAST LAS OLAS BLVD. **SUITE 1500 SUITE 1500** FT LAUDERDALE FL 33301 FT LAUDERDALE FL 33301 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. FE! Number Applied For 65-0404412 Not Applicable Ζiρ Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name AMERICAN INFORMATION SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) ONE SE THIRD AVE 27TH FLOOR MIAMI FL 33131 City 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_ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's gnature required when reinstating) DATE 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 OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PD TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME HUIZENGA, H. WAYNE JR NAME 450 EAST LAS OLAS BLVD., 15 FLOOR STREET ADDRESS. STREET ADDRESS CITY-ST-ZIP CITY: ST-7:P FT LAUDERDALE FL 33301 Change Delete Addition TITLE TITLE ROCHON, RICHARD C NAME NAME STREET ADDRESS 450 EAST LAS OLAS BLVD., SUITE 1500 STREST ADDRESS CITY-ST-ZIP CITY - ST - ZIP FT LAUDERDALE FL 33301 ☐ Delete Change Addition TITLE PIERCE, WILLIAM NAME STREET ADDRESS 450 EAST LAS OLAS BLVD., SUITE 1500 STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE FL 33301 CITY-ST-7IP Delete TITLE Change Addition TITLE HENNINGER, ROBERT NAME NAME STREET ADDRESS 450 EAST LAS OLAS BLVD., SUITE 1500 STREET ADDRESS CITY-ST- AP CITY-ST-ZiP FT LAUDERDALE FL 33301 ☐ Change TITLE ☐ Delete TITLE ☐ Addition BRANDEN, CRIS V NAME NAME STREET ADDRESS STREST ADDRESS 450 EAST LAS OLAS BLVD., 15 FLOOR CITY+ST-ZIP CITY-ST-7IP FT LAUDERDALE FL 33301 31118 ☐ Delete TiTLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CiTY-ST-ZIP CITY-ST-ZIP 13. Thereby 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 of 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 address, with all other like empowered. BENOW SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO