2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 10, 2002 8:00 am & Secretary of State P93000019729 **DOCUMENT #** 1. Entity Name WAYCO HOLDINGS, INC. 05-10-2002 90059 031 ***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. FEI Number Applied For 65-0404412 Not Applicable Zip Zip 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 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 FL 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 signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 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 TITLE ☐ Delete TITLE Change Addition Richard L. Hundley HUIZENGA, H. WAYNE JR NAME NAME 450 EAST LAS OLAS BLVD., 15 FLOOR STREET ADDRESS STREET ADDRESS FT LAUDERDALE FL 33301 CITY-ST-7IP CITY-ST-ZIP same TITLE ☑ Delete TITLE Change ☐ Addition NAME ROCHON, RICHARD C NAME STREET ADDRESS 450 EAST LAS OLAS BLVD., SUITE 1500 STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE FL 33301 CITY-ST-ZIP **VP** Delete TITLE Change Addition NAME PIERCE, WILLIAM NAME STREET ADDRESS 450 EAST LAS OLAS BLVD., SUITE 1500 STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE FL 33301 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME HENNINGER, ROBERT NAME 450 EAST LAS OLAS BLVD., SUITE 1500 STREET ADDRESS STREET ADDRESS FT LAUDERDALE FL 33301 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition BRANDEN, CRIS V NAME NAME 450 EAST LAS OLAS BLVD., 15 FLOOR STREET ADDRESS STREET ADDRESS FT LAUDERDALE FL 33301 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME 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 receive 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 h an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR