2001 UNIFORM BUSINESS REPORT (UBR) Apr 27, 2001 8:00 am Secretary of State DOCUMENT # P93000023973 1. Entity Name HERNDON PROPERTIES, INC. 04-27-2001 90221 023 ***150.00 Principal Place of Business Mailing Address ONE TAMPA CITY CENTER, SUITE 2200 ONE TAMPA CITY CENTER. SUITE 2200 201 N. FRANKLIN ST. 201 N. FRANKLIN ST. TAMPA FL 33602 TAMPA FL 33602 3. Mailing Address 2. Principal Place of Business Frankland Rd-Frankland Rd. 1007 1007 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3181511 Not Applicable I a well Country U.S.4 Country U.S.4 \$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 RIDLEY, FRED S Street Address (P.O. Box Number is Not Acceptable) 201 N. FRANKLIN ST. ONE TAMPA CITY CENTER, SUITE 2200 N. Tampe **TAMPA FL 33602** 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 DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change DPS ☐ Delete TITLE TITLE NAME RIDLEY, ELIZABETH H NAME STREET ADDRESS STREET ADDRESS 1007 FRANKLAND RD. CITY-ST-7(P CITY-ST-ZIP TAMPA FL ☐ Addition Change DVP ☐ Delete TITLE TITLE MAJOR, SARAH P NAME NAME STREET ADDRESS 8 BROOKSIDE WAY STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **GREENVILLE SC 29605** - 🖵 . Change -Addition _ 🖃 Delete TITLE = SHIRES, SYDNEY L NAME NAMÉ 2918 BAYSHORE CT. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/E TAMPA FL 33611 ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Defete TITLE

13. I hereby certify that the information supplied with this filling 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.

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: Clickett H. Rielley Elizabeth H. Ridley April 22, 7001 813-251SIGNATURE: SIGNATURE SIGNATURE OF SIGNING PFICER OR DIRECTOR

CR2E034 (10/00)