2000 UNIFORM BUSINESS REPORT (UBR)

FILED May 16, 2000 8:00 am Secretary of State DOCUMENT # P93000046398 1.rEntity Name AG TITLE CORPORATION 05-16-2000 90038 024 ***150.00 Principal Place of Business Mailing Address 2601 S BAYSHORE DR 2601 S BAYSHORE DR 9TH FLOOR 9TH FLOOR MIAMI FL 33133-5412 MIAMI FL 33133-5461 3. Mailing Address 200 S. Biscayne Boulevard 2. Principal Place of Business 4800 N. Federal Highway Suite, Apt. #, etc. Suite 4900 Suite, Apt. #, etc. Suite 105E DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 65-0436600 Not Applicable Boca Raton, FL Miami, FL \$8.75 Additional Zip Zip Country Country 5. Certificate of Status Desired Fee Required 33131 33431 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name K. Lawrence Gragg GOLDMAN, JOEL K Street Address (P.O. Box Number is Not Acceptable) 2601 S BAYSHORE DR 9TH FLOOR 200 S. Biscayne Blvd., Suite 4900 MIAMI FL 33133-5461 Zip Code Miami 33131 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. 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, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. П Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. D۷ ☐ Change ★☐ Addition XX Delete TITLE P/DTITLE JEFFREY, THOMAS W NAME NAME Ackerman, Richard S. 2601 S BAYSHORE DR STREET ADDRESS STREET ADDRESS 4800 N. Federal Highway, Suite 105E CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33133** Boca Raton, FL 33431 Change **X** Addition TITLE Delete Sitlin, Gene FISCHER, JOHN H NAME 4800 N. Federal Highway, Suite 105E 2601 S BAYSHORE DR 9TH FL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-7IP MIAMI FL 33133-5461 Boca Raton, FL 33431 ☐ Addition PSD TITLE XX Delete TITLE GOLDMAN, JOEL K. NAME NAME STREET ADDRESS 2601 S BAYSHORE DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Miami FL 33133 VASC ☐ Change ☐ Addition Delete TITI F COOK, PAULA NAME NAME 2601 S BAYSHORE DR STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **MIAMI FL 33133** X Delete ☐ Addition Change TITLE TITLE Laguardia, John NAME STREET ADDRESS 2601 S BAYSHORE DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33133 Change XX Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS 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.

Richard S. Ackerman 4/30/00 561-395-9666 SIGNATURE AND TIPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #