2002 UNIFORM BUSINESS REPORT (UBR)

Apr 24, 2002 8:00 am Secretary of State P93000050452 DOCUMENT # 1. Entity Name 04-24-2002 90311 038 ***150.00 THE INVESTMENT HOUSE INC. OF AMERICA Mailing Address Principal Place of Business 6488 MIAMI LAKES DR E 6488 MIAMI LAKES DR E MIAMI LAKES FL 33014 MIAMI LAKES FL 33014 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0429027 Not Applicable Country Zip Country Zip \$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 HOUSE, COLONEL A. T. Street Address (P.O. Box Number is Not Acceptable) 6488 MIAMI LAKES DR E MIAMI LAKES FL 33014 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 signature required when reinstating) 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, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. " OFFICERS AND DIRECTORS 12. ∠ Addition TITLE ☐ Delete TITLE Dir. (bd), Mg. Dir., Tres., Asst. Sec. **MDAS** House, Colonel A.T. NAME NAME HOUSE, COLONEL A.T. STREET ADDRESS 6488 Miami Lakes Dr. E. STREET ADDRESS 6488 MIAMI LAKES DR E Miami Lakes, FL 33014 CITY-ST-ZIP CITY-ST-ZIP MIAMI LAKES FL 33014 Addition TITLE Dir. (bd), Exec. Dir., Sec., Asst. Tres. Change TITLE **EDS** ☐ Delete NAME NAME RIGG, JUDY Rigg, Judy R. STREET ADDRESS STREET ADDRESS 11218 W. MARLOW AVE 11218 W. Marlowe Ave. CITY-ST-ZIP CITY-ST-ZIP Littleton, CO 80127 LITTLETON CO 80127 ☐ Change TITLE ☐ Addition TITLE Delete VΡ NAME NAME TALLON, HOWARD STREET ADDRESS STREET ADDRESS 17000 N.W. 67TH AVE. SUITE 115 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33015 TITLE Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME

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.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

FILED