2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 26, 2001 8:00 am Secretary of State DOCUMENT # P9300063253 PARKER-RALEIGH DEVELOPMENT XX. INC. 04-26-2001 90081 043 ***150.00 Principal Place of Business Mailing Address 201 N FRANKLIN STREET 201 N FRANKLIN STREET SUITE 2100 SUITE 2100 TAMPA FL 33602 TAMPA FL 33602 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 59-3204157 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name EDWARDS, JOSEPH D Street Address (P.O. Box Number is Not Acceptable) 201 N FRANKLIN STREET **SUITE 2100 TAMPA FL 33602** City Zip Code F 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 Tapplicable (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, 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 **VPT** TITLE Delete TITLE Change Addition PARKER, JACK NAME NAME STREET ADDRESS 118 W. 57TH STREET STREET ADDRESS CITY-ST-ZIP **NEW YORK NY** City-St-7IP **VPAS** TITLE ☐ Delete TIT! F Change ☐ Addition MITCHELL, STEPHEN J NAME NAME STREET ADDRESS 201 N FRANKLIN STREET SUITE 2100 STREET ADDRESS CITY-ST-ZIP TAMPA FL CITY-ST-Z!P VAS TITLE ☐ Delete TITLE Change ☐ Addition BRADY, DAVID L. NAME NAME 5500-103 ATLANTIC SPRINGS RD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP RALEIGH NC CICY-ST-ZIP PSD TITLE ☐ Delete TITLE Change Addition GLICK, ADAM NAME MAME 118 W 57TH STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NY NY 10019 CITY-ST-ZIP TITLE ☐ Delete DIRE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 trusted oppowered 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.

SIGNATURE:

G OFFICER OR DIRECTOR Date Daytime Phone # CR2E034 (10/00)