2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P93000065245** Apr 25, 2000 8:00 am Secretary of State 1. Entity Name HANNOVER RE REAL ESTATE HOLDINGS, INC. 04-25-2000 90068 034 ***150.00 Principal Place of Business Mailing Address 800 N. MAGNOLIA AVE. 900 N. MAGNOLIA AVE. STE, 1400 STE. 1400 ORLANDO FL 32803 ORLANDO FL 32803-3268 US 2. Principal Place of Business 3. Mailing Address ----DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 59-3207180 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 Name Braziel, Dennis D Street Address (P.O. Box Number is Not Acceptable) 800 N MAGNOLIA AVENUE SUITE 1990 1400 ORLANDO FL 32803 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, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) DATE 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, 2000 Fee will be \$550.00 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 11. OFFICERS AND DIRECTORS ☐ Addition Change TITLE Delete TITLE DECKER, RAINER NAME NAME Roderbrueh strasse 35 STREET ADDRESS STREET ADDRESS KARL-WIECHERT-ALLEE 50 30625 HANOVER GE CITY-ST-ZIP CITY-ST-ZIP 30655 Hannover, Germany X Change DTS ☐ Addition ☐ Delete TITLE TITLE NAME Braziel, Dennis D NAME 800 N. Magnolia Suite 1400 STREET ADDRESS 800 N. MAGNOLIA AVE., STE. 1000 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32803 Change ☐ Delete Addition TITLE TITLE GEORG, DIETMAR NAME NAME 150 E 42ND ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY 10017** ☐ Change ☐ Addition Delete TITLE TITLE MURDOLD, SANDRA NAME NAME 150 E 42ND ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE **NEW YORK NY 10017** M Change AS Delete TITLE ■ Addition TITLE Sabine Eike Roderbruchstrasse 35-STORK, CARSTEN NAME NAME STREET ADDRESS STREET ADDRESS DARL-WIECHERT-ALLEE 50 30655 Hannover, Germany Assistant Treasurer CITY-ST-ZIP CITY-ST-ZIP HANNOVER GE 30625 **Addition** ☐ Delete TITLE TITLE D. Mullory Walters NAME NAME N. Magnolia Ave Suite 1400 STREET ADDRESS STREET ADDRESS Orlando, Florida CITY-ST-ZIP 32803 CITY-ST-7IP

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.

SIGNATURE:

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D. Braziel

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