2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P93000065245 HANNOVER RE REAL ESTATE HOLDINGS, INC. Principal Place of Business Mailing Address 800 N. MAGNOLIA AVE. 800 N. MAGNOLIA AVE. STE. 1400

FILED Apr 06, 2001 8:00 am Secretary of State 04-06-2001 90004 027 ***150.00

ORLANDO FL 32803 US			ORLANDO FL 32803 US									
2. Principal Place of Business			3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO N	OT WRITE IN	THIS SE	PACE		
City & State			City & State			4. f	4. FEI Number 59-3207180				pplied For ot Applicable	7
Zip Country			Zip	Country		5. (Certificate of Status D	esired [8.75 Ad ee Require	ditional	7
	6. Name	and Address of Current Re	gistered Agent	 		7. N	7. Name and Address of New Registered A					┨
. = -*					Name	-						
BRAZIEL, DENNIS D 800 N MAGNOLIA AVENUE					Street Address (P.O. Box Number is Not Acceptable)							
	`E 1400 ANDO FL 32	2803			City					Zip Coc	le	-
·									FL	2.500		
	Signature, typed oration is eligi	or printed name of registered agent and	FILE NOW	!!! FEE IS			instating) 10. Election Camp	<u> </u>	DATE	\$5.0		
Tax filing requirement and elects to do so. (See criteria on back)			After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of Sta				Trust Fund Co	ntribution.		Adde	to Fees	
11.		OFFICERS AND DI		12.			L DITIONS/CHANGES	TO OFFICERS	S AND D	DIRECTOR	S IN 11	1
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NAME	DECKER, RAINER		NAME		1			•		<u> </u>	0.5	
STREET ADDRESS	RODERBRUCH STRASSE 35		STREET	STREET ADDRESS KAN		ichert-Allee &	57				2	
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NAME	Braziel, I	BRAZIEL, DENNIS D		NAME								`
STREET ADDRESS	800 MAGNOLIA STE 1400		1	ADDRESS							ĺ	
CITY-ST-ZIP	ORLANDO	FL 32803		CITY-ST	- ZIP]
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NAME - ~	GEORG,-D			NAME	m o	ñ n	Wh Avenue.	Suite 4	400			
STREET ADDRESS CITY-ST-ZIP	100 E 42110 01			CITY-ST	ADDRESS 78	New York, NY 10019						Ì
		K NY 1001/			-ZII /V.	cw /c	OCK, NY 100	19		Change		-
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STREET ADDRESS		SABINE ERBRUCHSTRASSE 35		NAME STREET A	ADDRESS VA	1 We	ichert-Alles	.57				
CITY-ST-ZIP		R GE 30655		CITY-ST								
TITLE	AS	H GE 30033	Delete	TITLE						Change	Addition	1
NAME		TORK, CARSTEN		NAME					L	Onlingo		
STREET ADDRESS	,	CHERT-ALLEE 50		STREET	ADDRESS							Ì
CITY-ST-ZIP		R GE 30625		CITY-ST	-							-
TITLE	AT		☐ Delete	TITLE					Г	Change	Addition	1
NAME		MALLORY D		NAME								}
STREET ADDRESS		GNOLIA AVE STE 1400		STREET	ADDRESS							
CITY-ST-ZIP	ORLANDO			CITY-ST	-ZIP		_					
13. I hereby of indicated		information supplied with the or supplemental report is true	is filing does not qualify fo	r the exemp	tion stated in	Section 1 ie same l	19.07(3)(i), Florida Si egal effect as if made	tatutes. I furthe	er certify	y that the in	nformation or director	

indicated on this report of supplemental report is true and accurate and that my signature shall have the same legal effect as it 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.

Q. Mallon Walters D. Mallory Walters 4/3/01
SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date