2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 20, 2002 8:00 am
Secretary of State
05-20-2002 90083 027 ***150.00

DOCUMENT # P93000065245

1. Entity Name
HANNOVER RE REAL ESTATE HOLDINGS, INC.

Principal Place of Business	Mailing Address
800 N. MAGNOLIA AVE. STE. 1400 ORLANDO FL 32803 US	800 N. MAGNOLIA AVE. STE. 1400 ORLANDO FL 32803 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
20 North Orange Ave	20 North Orange Ave
Suite, Apt. #, etc.: Suite 704	Suite, Apt. #, etc.: Suite 704
City & State: Orlando, Fh	City & State: Orlando, FL
Zip: 32801 Country:	Zip: 32801 Country:

4. FEI Number 59-3207180 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BRAZIEL, DENNIS D 800 N MAGNOLIA AVENUE SUITE 1400 ORLANDO FL 32803	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** 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) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After May 1, 2002 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP DECKER, RAINER KARL WEICHERT ALLEE 57 30625 HANOVER GE ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DTS BRAZIEL, DENNIS D 800 MAGNOLIA STE 1400 ORLANDO FL 32803 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Director and Treasurer ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV GEORG, DIETMAR 787 7TH AVENUE SUITE 4600 NEW YORK NY 10019 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS EIKE, SABINE KARL WEICHERT ALLEE 57 HANNOVER GE 30655 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AT WALTERS, MALLORY D 800 N MAGNOLIA AVE STE 1400 ORLANDO FL 32803 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/01)

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.

SIGNATURE: SIG Mallory Walters 4/30/02 (407)254-5754
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #