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May 02 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000003382 (6)

1. Corporation Name

MIG FINANCIAL CORPORATION

Principal Place of Business

250 AUSTRALIAN AVENUE  
STE. 400  
WEST PALM BEACH FL 33401

Mailing Address

250 AUSTRALIAN AVENUE  
STE. 400  
WEST PALM BEACH FL 33401-5012

3. Date Incorporated or Qualified 01/13/1994  
3a. Date of Last Report 03/12/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number

94-3194153

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

GOLDBERGER, JANE S.  
250 S. AUSTRALIAN AVE.  
STE 400  
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name Sharon Patric  
82 Street Address (P.O. Box Number is Not Acceptable)  
250 Australian Ave. S  
83 Suite 400  
84 City West Palm Beach FL 85 Zip Code 33401

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Sharon V. Patric

Sharon Patric

4/22/97

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DVPT ☒ DELETE  
NAME WAYMAN, EDWIN B  
STREET ADDRESS 250 AUSTRALIAN AVENUE STE. 400  
CITY - ST - ZIP WEST PALM BEACH FL

TITLE DCS ☐ DELETE  
NAME WRIGHT, LARRY E  
STREET ADDRESS 250 AUSTRALIAN AVENUE, STE 400  
CITY - ST - ZIP WEST PALM BEACH FL

TITLE DV ☐ DELETE  
NAME COTE, JAMES A  
STREET ADDRESS 1990 N. CALIFORNIA BOULEVARD  
CITY - ST - ZIP WALNUT CREEK CA

TITLE AS ☐ DELETE  
NAME GUTIN, KATHLEEN L.  
STREET ADDRESS 250 S. AUSTRALIAN AVE. STE 400  
CITY - ST - ZIP WEST PALM BEACH FL

TITLE P ☐ DELETE  
NAME GLASGOW, JAMES G  
STREET ADDRESS 601 CALIFORNIA STREET STE 400  
CITY - ST - ZIP SAN FRANCISCO CA 94108

TITLE V ☐ DELETE  
NAME BAYERD, DANIEL D  
STREET ADDRESS 1825 SOUTH GRANT STE 580  
CITY - ST - ZIP SAN MATEO CA 94402

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

4.1 TITLE ☒ Change ☐ Addition  
4.2 NAME Kathleen L. Gutin  
4.3 STREET ADDRESS 250 Australian Ave. S #400  
4.4 CITY - ST - ZIP West Palm Beach, FL 33401

5.1 TITLE ☐ Change ☒ Addition  
5.2 NAME Louis E. Vogt  
5.3 STREET ADDRESS 250 Australian Ave. S #400  
5.4 CITY - ST - ZIP West Palm Beach, FL 33401

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Kathleen L. Gutin

Kathleen L. Gutin

4/23/97

561-820-1300

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0294832

CR2E034 (9/96)