. 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

Mar 28, 2005 8:00 am Secretary of State **DOCUMENT # P94000048553** 1. Entity Name 03-28-2005 90050 026 ***150 00 WELLINGTON MANAGEMENT, INC. Mailing Address Principal Place of Business 100 VISTA ROYALE BLVD 100 VISTA ROYALE BLVD VERO BEACH, FL 32960 VERO BEACH, FL 32960 2. Principal Place of Business 3. Mailing Address c/o Corporation Service Company Suite, Apt. #.ietc. Suite, Apt. #; etc. CR2E034 (10/03) 03082005 Chg-P 1201 Hays Street Applied For 4. FEI Number City & State City & State Tallahassee, FL 32301 65-0504842 Not Applicable Country Zip Country \$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 Corporation Service Company CLEMENTE, LOIS REID Street Address (P.O. Box Number is Not Acceptable) 1201 Hays Streett 6606 20TH ST VERO BEACH, FL 32966 Zip Code 32301 City Tallahassee 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. I am familiar with, and accept the obligations of registered agent. inted name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Addition ΫD TITLE TITLE ☐ Change ☐ Delete NAME KURTZ, JOHN C NAME STREET ADDRESS STREET ADDRESS 100 VISTA ROYAL BLVD. CITY-ST-ZIP CITY-ST-ZIP VERO BEACH, FL 32962 PD ☐ Change ☐ Addition TITLE ☐ Delete TITLE NEWSOME, JOHN NAME NAME STREET ADDRESS STREET ADDRESS 13613 BARBERRY DRIVE CITY-ST-ZIP CITY-ST-7IP WELLINGTON, FL 33414 CD ☐ Change ☐ Addition TITLE ☐ Defete TITI F SOLLINS, CHARLES D NAME NAME STREET ADDRESS STREET ADDRESS 6300 PARK OF COMMERCE BLVD CITY-ST-ZIP BOCA RATON, FL 33487 CITY-ST-ZIP ☐ Change TITLE Delete TITLE ☐ Addition NAME FRIEDRICHSEN, JOHN B NAME STREET ADDRESS STREET ADDRESS 1140 BAY STREET CITY-ST-ZIP TORONTO, ON MSS2B4 CITY-ST-ZIP TITLE ☐ Defete TITE F ☐ Change ☐ Addition COOKE, DOUGLAS G NAME STREET ADDRESS 1140 BAY STREET STREET ADDRESS CITY-ST-ZIP TORONTO, ON MSS2B4 CITY-ST-ZIP Change ■ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 10 or Block 11 if changed, or on an attachment with an address, with a other ke empowered.

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