2001 UNIFORM BUSINESS REPORT (UBR)

Mar 02, 2001 8:00 am Secretary of State DOCUMENT # **P9400069095** ADANSON CORPORATION 03-02-2001 90085 027 ***150.00 Principal Place of Business Mailing Address 3113 TOFA CT P.O. BOX 950666 LONGWOOD FL 32779 LAKE MARY FL 32795-0666 C0028824 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3268321 Not Applicable Zip Country Country Zip \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent COHN, RONALD B Street Address (P.O. Box Number is Not Acceptable) 705 W AZEELE ST TAMPA FL 33606 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 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax fiting requirement and elects to do so. After MAY 1, 2001 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 OFFICERS AND DIRECTORS 11. 12. CR2E034 (10/00) TITLE ☐ Delete TITLE Change Addition MAME WADE, JAMES W STREET ADDRESS STREET ADDRESS **3113 TOFA CT** CITY-ST-ZIP CITY-ST-ZIP LONGWOOD FL 32779 TITLE ☐ Delete TITLE Change Addition NAME HOMBURGER, JEFFREY E STREET ADORESS 152 E 94TH ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY 10128** TITLE Delete TITLE Change Addition SWIRNOW, RICHARD NAME STREET ADDRESS STREET ADDRESS 112 E 25TH ST CITY-ST-ZIP **BALTIMORE MD 21218** CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete THILE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP Thereby 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

NING OFFICER OR DIRECTOR

FILED