FILED 2000 UNIFORM BUSINESS REPORT (UBR) Feb 16, 2000 8:00 am DCUMENT # **P94000093751** Secretary of State Entity Name DEVELOPMENT GROUP, INC. 02-16-2000 90069 001 ***150.00 02-16-2000 90069 002 *****8.75 ಾಣಕ ?face of Business Mailing Address 353 W LANCASTER AVE PALM BEACH LAKES BLVD. WAYNE PA 19087-3907 8622 T PALM BEACH FL 33401 Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State. City & State-4. FEI Number Applied For 23-2792053 ~ ^ Not Applicable Country 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 F & L CORP. Street Address (P.O. Box Number is Not Acceptable) 200 LAURA STREET 3RD FLOOR JACKSONVILLE FL 32201-0240 Zip Code FL 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, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 AS Addition TITLE ☐ Delete John De Riggi HOLLOWAY, GARY H NAME 353 W. Lancaster Ave. 353 W LANCASTER AVE STE 210 STREET ADDRESS EET ADDRESS Wayne, PA 19087 CITY-ST-ZIP Y-ST-ZIP WAYNE PA VICE President 4 Addition ☐ Change F ☐ Delete TITLE DGIUSEPPE, ROBERT NAME FRANK TROPEA, III VΕ REET ADDRESS 353 W. LANCASTER AVE. STE., 210 STREET ADDRESS 353 W. Lancaster Ne. Y-ST-ZIP CITY-ST-ZIP WAYNE PA Wayne, PA 14087 VPT ☐ Delete ۸S Change Addition LF Denise Hubbey ROBINSON, BRUCE ΜE 353 W. Lancaster Ave. REET ADDRESS 353 W. LANCASTER AVE. STREET ADDRESS wayne, PA 19087 Y-ST-ZIP CITY-ST-ZIP WAYNE PA 19087 ☐ Delete ☐ Change Addition LE COYLE, CATHERINE NAME MF 353 W. LANCASTER AVE. STREET ADDRESS REET ADDRESS CITY-ST-ZIP Y-ST-ZIP WAYNE PA 19087 ☐ Change Addition ☐ Delete TITLE NAME ME STREET ADDRESS REET ADDRESS CITY-ST-ZIP Y-ST-ZIP Defete ☐ Addition TITLE ☐ Change ĹΕ NAME ME REET ADORESS STREET ADDRESS CITY-ST-ZIP I. 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.

IGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER PROPIRECTOR

2/3/00 (00-487-4 Date OLO-487-4