2002 UNIFORM BUSINESS REPORT (UBR)

May 21, 2002 8:00 am Secretary of State P95000020181 DOCUMENT # 1. Entity Name SPIRIT REALTY, INC. OF TALLAHASSEE 05-21-2002 91155 048 ***150 00 Mailing Address Principal Place of Business 922 E. LAFAYETTE ST 922 E. LAFAYETTE ST SUITE C SUITE C TALLAHASSEE FL 32301 TALLAHASSEE FL 32301 HS 3. Mailing Address 2. Principal Place of Business 216 EAST OAKLAND AVE. 216 EAST OAKLAND AVE. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. SUITE 2 SUITE 2 Applied For City & State 4. FEI Number City & State 59-3300725 Not Applicable TALLAHASSEE, FL 32301 TALLAHASSEE, FL 32301 \$8.75 Additional Country Zin Country XХ 5. Certificate of Status Desired Fee Required 7._Name and Address of New Registered Agent -6. Name and Address of Current Registered Agent FRAZIER, SANDRA B Street Address (P.O. Box Number is Not Acceptable) REXEXERATE SECTION AND AVE. SUITEXX 2 Zip Code TALLAHASSEE FL 32301 City FL 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) FILE NOW!!! FEE IS \$150.00 his corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 Added to Fees Tax filing requirement and elects to do so. Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change TITLE ☐ Delete TITLE NAME FRAZIER, SANDRA B NAME **B**TREET ADDRESS SZZZEK KARAVIEKTEKSTIK XSUITEXIX 216 EAST OAKLA STREET ADDRESS CITY-ST-ZIP TALLAHASSEE FL 32301 CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE - 🖾 Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TIT) F TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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

SIGNATURE: Soulis Bucker Prone Dire

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