2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P95000024431 May 03, 2000 8:00 am Secretary of State EXECUTIVE SEARCH CONSULTANTS, INC. 05-03-2000 90011 041 ***150.00 Mailing Address Principal Place of Business 3116 N FEDERAL HWY 3116 N FEDERAL HWY LIGHTHOUSE POINT FL 33064-6738 LIGHTHOUSE POINT FL 33064 2. Principal Place of Business 3. Mailing Address 2436 N. FEDERAL HWY DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0571495 Not Applicable 16HTHOUSE \$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 KURTZ, LEONARD A 3116 N FEDERAL HWY 2436 N. FEDERAL HWY, LIGHTHOUSE POINT FL 33064 # 334 Street Address (P.O. Box Number is Not Acceptable) Zip Code City 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible Election Campaign Financing -- \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME KURTZ, LEONARD A 8110 N FEDERAL HWY 2436 N. FEDERAL HWY STREET ADDRESS STREET ADDRESS #334 CITY-ST-ZIP CITY-ST-ZIP LIGHTHOUSE POINT FL 33064 ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME KURTZ, NANCY S STREET ADDRESS STREET ADDRESS 2230 N.E. 34 CT. CITY-ST-ZIP CITY-ST-ZIP lighthouse point fi ☐ Addition ☐ Change ☐ Delete STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IF Addition ☐ Change Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF 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 arriverse, with all other like empowered.

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

ONARD A. KURTZ 4/21/03