2000 UNIFORM BUSINESS REPORT (UBR)

on an attachment with

USE AND TWEED OR BRINTED NAME OF SIGNING OFFICER OR DIRECTO

SIGNATURE

FILED DOCUMENT # P95000071265 Mar 28, 2000 8:00 am Secretary of State EDGEHILL/HERMITAGE CORP. 03-28-2000 90048 034 ***150.00 Mailing Address Principal Place of Business 5544 OKEECHOBEE BLVD 5544 OKEECHOBEE BLVD WEST PALM BEACH FL 33417-4436 WEST PALM BEACH FL 33417 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 65-0613008 Not Applicable Country Zip Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HANSON, KARL B JR Street Address (P.O. Box Number is Not Acceptable) C/O LEBOEUF, LAMB, GREEN, & MACRAE, L.L.P. 50 N LAURA ST SUITE 2800 JACKSONVILLE FL 32202-3650 Zip Code 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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 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 12. 11. 0P ☐ Change Addition ☐ Delete TITI F TITLE BEDRICK, RICHARD E NAME 24 A TRUMPTOWER 252 FLAGER DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZE ☐ Change Addition ☐ Defete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 of the receiver or trusts simpowered to examine this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

BESRICK 3/23/200 561 471.7600