FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Jun 17 1997 8:00am
Secretary of State

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT
1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000072040 (5)

1. Corporation Name
RESOURCE ONE, INC.

Principal Place of Business	Mailing Address
601 SOUTH LAKE DESTINY DRIVE SUITE 250 MAITLAND FL 32751	601 SOUTH LAKE DESTINY DRIVE SUITE 250 MAITLAND FL 32751-7262

3. Date Incorporated or Qualified: 09/14/1995
3a. Date of Last Report: 02/27/1996

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 1016 W 9th Ave
Suite, Apt. #, etc.
27 Attn: Tax Dept
City & State
28 King of Prussia, PA
Zip 29 19406 Country 30 USA

4. FEI Number: 65-0657040 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

~~BYRD, B C~~
~~601 SOUTH LAKE DESTINY DRIVE~~
~~SUITE 250~~
~~MAITLAND FL 32751~~

CT Corporation System
1200 S Pine Island Rd
Plantation FL 33324

10. Name and Address of New Registered Agent

81 Name: CT Corporation System
82 Street Address (P.O. Box Number is Not Acceptable)
83 1200 S. Pine Island Rd
84 City: Plantation FL 85 Zip Code: 33324

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: Connie Bryan — CONNIE BRYAN, SPECIAL ASSISTANT SECRETARY — DATE: 6-16-97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required in all cases.)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DST	☐ DELETE	1.1 TITLE	V ☐ Change ☒ Addition
NAME	BYRD, B. C		1.2 NAME	Brad Behr
STREET ADDRESS	601 SOUTH LAKE DESTINY DRIVE, SUITE 250		1.3 STREET ADDRESS	100102218505--7
CITY-ST-ZIP	MAITLAND FL 32751		1.4 CITY-ST-ZIP	-06/20/97--01077--006 ****165.00 ****165.00
TITLE	D	☒ DELETE	2.1 TITLE	V-D ☐ Change ☒ Addition
NAME	MAYVILLE, WILLIAM E		2.2 NAME	Arthur Locilento
STREET ADDRESS	601 SOUTH LAKE DESTINY DRIVE, SUITE 250		2.3 STREET ADDRESS	
CITY-ST-ZIP	MAITLAND FL 32751		2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	S ☐ Change ☒ Addition
NAME			3.2 NAME	Marie Martino
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	All Located @
STREET ADDRESS			4.3 STREET ADDRESS	1016 W 9th Ave
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	King of Prussia, PA 19406
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	6/19/97
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [illegible] REQUIRED — 5-3-97 — 610-992-7408