2002 UNIFORM BUSINESS REPORT (UBR)

Feb 28, 2002 8:00 am P95000079568 DOCUMENT # Secretary of State 1. Entity Name 02-28-2002 90018 021 ***150.00 1330 CONNECTICUT AVENUE LAND INC. Principal Place of Business Mailing Address 1801 HERMITAGE BLVD 1801 HERMITAGE BLVD SUITE 600 SUITE 600 TALLAHASSEE FL 32308 TALLAHASSEE FL 32308 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 36-4057658 Not Applicable Country \$8.75 Additional Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent TODD, DAVID E Street Address (P.O. Box Number is Not Acceptable) 1801 HERMITAGE BLVD SUITE 100 TALLAHASSEE FL 32308 Zip Code 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 After May 1, 2002 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 OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Change ☐ Addition TITLE ☐ Delete TITLE D. BENNETT, DOUGLAS W NAME NAME STREET ADDRESS STREET ADDRESS 1801 HERMITAGE BOULEVARD CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32308 X Addition Change ☐ Delete TITLE TITLE DVAS DVAS NAME NAME HORTON, JAMES W Smith, Jeffrey L. STREET ADDRESS STREET ADDRESS 1801 HERMITAGE BLVD 1801 Hermitage Boulevard, Suite 100 CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32308 Tallahassee, FL ☐ Delete ■ Addition TITLE TITLE NAME NAME BURDI, THOMAS S. STREET ADDRESS STREET ADDRESS 180 N LASALLE STREET CITY-ST-ZIP CITY-ST-ZIP CHICAGO IL Change ☐ Addition ☐ Delete TITLE TITLE **VS** NAME MCCARTHY, THOMAS NAME STREET ADDRESS STREET ADDRESS 180 NILASALLE STREET CITY-ST-ZIP CITY-ST-ZIP CHICAGO IL Change ☐ Addition ☐ Delete TITLE TITLE NAME SMITH, ROGER E. STREET ADDRESS STREET ADDRESS 180 E LASALLE STREET CITY-ST-7IP CITY-ST-ZIP CHICAGO IL ☐ Change ☐ Addition TITLE Delete DVAT NAME GRAY, LYNNE M NAME

13. 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.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP 1801 HERMITAGE BLVD. #600

TALLAHASSEE FL 32308

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR VICE Passidest

2-5-02

3/2-581-6751

Daytime Phone #

FILED

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