SIGNATURE: _

| 200 | UNIFO | RM BUSII | NESS REPO | RT | (UBI | R) | | | | P | 114 | 2 |
|--|--|---|--|------------|-----------------------|--|--------------------------------|-------------------|-----------------------------|----------------------------|--------------------------|-----------------------------|
| DOCUMENT # P95000087035 1. Entity Name SUN CAPITAL ADVISORS, INC. | | | | | | | | | 211/S |) (3 (| 7 . (|) |
| | | | | | | | 01 MAY -2 PM 4: 04 | | | | | |
| Principal Plac | ce of Business | Mailing Address | ailing Address | | | | | RETARY | | | | |
| 5355 Town Center RD STE 802 BOCA RATON FL 33486 US | | | 5355 TOWN CENTER RD STE 802 BOCA RATON FL 33486 US | | | | | FARE | AHASSEE | E, FLO | RIDA | SIGN GNIS NEUS |
| 2. Principal F | Place of Business | | 3. Mailing Address | | | | | | | | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | | | D(| O NOT WRITE | IN THIS | SPACE | |
| City & State | | | City & State | | | | 4. FEI | Number 65 | -0624186 | | ├ ─ | pplied For ot Applicable |
| Zip | Zip Country | | Zip Coun | | try | | 5. Cer | tificate of Statu | s Desired | | \$8.75 Ad Fee Require | |
| | | Name | | 7. Nan | ne and Addres | s of New Req | | | | | | |
| LEDER, MARC 5355 TOWN CENTER RD STE 802 | | | | | Street A | eet Address (P.O Box Number is Not Acceptable) | | | | | | |
| BOCA RATON FL 33486 | | | | | Pla | Placetation FL Zingers | | | | | | 22V |
| 8. The above | e named entity submi | ts this statement for th | e purpose of changing its | registere | ed office or | registere | d agent | , or both, in the | State of Flori | da. | | <u> </u> |
| SIGNATURE | Signature, typed or printed | name of registered agent and | title if appliable. (NOTE: | Registered | d Agent signate | ire required w | vhen reinsta | ating) | | DATE | SLILOL | i |
| 9. This corpo Tax filing (See criter | After MAY 1, 200 | FILE NOW!!! FEE IS \$150.00 Ifter MAY 1, 2001 Fee will be \$550.00 the Check Payable to Department of State | | | | 10. Election Ca Trust Fund | ampaign Finar Contribution. | ncing | | O May Be | | |
| 11. | T | OFFICERS AND DIF | | 12. | | | ADDIT | IONS/CHANG | ES TO OFFIC | ERS AND | T- | |
| TITLE NAME STREET ADDRESS | P LEDER, MARC | DDIVE WEST TO | Delete TITLE NAME | | | <u>539</u> | 55 | town | Con | 10 r | Change ROL. | □ Addition |
| CITY-ST-ZIP WEST PALM BEACH FL | | | | ST-ZIP | BOX | ā | Rodor | >, FO | | <u> PYEÇ</u> | <u> ما</u> | |
| TITLE NAME | P Krouse, Rodg | ER | ☐ Delete TITL NAM | | , | _ ~ | | | C- \ | 10 | Change Change | Addition ☐ |
| STREET ADDRESS CITY-ST-ZIP | ADDRESS 777 S. FLAGLER DRIVE, WEST TOWER 8TH FLOOR | | | | ET ADDRESS -ST-ZIP | some Roton II 33 | | | | | ネ ひxに | _ |
| THTLE NAME STREET ADDRESS CITY-ST-ZIP | . Delete a | | | | ET ADDRESS | 44 . i | | 600 | 3041 -05/08/0 ****150 | 61 !)10).00 | 505- 1046(****19 | _□^•●·· 001 50.00 ; |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Delete | - | | -,- | | | . 144 | | Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Delete | | | _ | | | | | Change | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | _ | ☐ Delete | | 1 | | - | · · · · · · | <u></u> - | | □ Change | ☐ Addition |
| indicated of the cor | on this report or sup poration or the receiv | plemental report is tru ver or trustee empowe | s filing does not qualify for te and accurate and that my red to execute this report a all other like empowered. | z signati | ure shall ha | eve the sa | me leas | I effect as if ma | ade under oat | h∙that La | ım an officer | or director |

Daytime Phone #

2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # **P95000087035** 1. Entity Name SUN CAPITAL ADVISORS, INC. Mailing Address Principal Place of Business 5355 TOWN CENTER RD 5355 TOWN CENTER RD **STE 802** STE 802 **BOCA RATON FL 33486 BOCA RATON FL 33486** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0624186 Not Applicable Country Zip Zip Country \$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 LEDER, MARC Street Address (P.O. Box Number is Not Acceptable) 5355 TOWN CENTER RD **STE 802 BOCA RATON FL 33486** . 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. DATE (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, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS #1 11 OFFICERS AND DIRECTORS 12. 11. TITLE TITLE ☐ Delete NAME LEDER, MARC JAME STREET ADDRESS STREET ADDRESS 777 S. FLAGLER DRIVE, WEST TOWER 8TH FLOOR CITY-ST-ZIP DITY-ST-ZIP WEST PALM BEACH FL Delete TIDE TITLE KROUSE, RODGER NAME NAME STREET ADDRESS 777 S. FLAGLER DRIVE, WEST TOWER 8TH FLOOR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL ☐ Delete TITLE ☐ Addition TITLE JAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME IAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP . ☐ Delete Change Addition TILE IAME NAME STREET ACORESS TREET ADDRESS CITY-ST-ZIP STY-ST-ZIP TTLE ☐ Delete ☐ Change Addition AME NAME STREET ADDRESS TREET ADDRESS HTY-ST-ZIP 3. I hereby 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 cirector 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.

SIGNATURE: Marc Lider Plasident

SIGNATURE and TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR!

Date Daving Proce =