2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P95000093993 Apr 27, 2000 8:00 am Secretary of State EPSHI, INC. 04-27-2000 90008 016 ***150.00 Mailing Address Principal Place of Business 1600 WEST COMMECIAL BLVD. 1600 WEST COMMECIAL BLVD. FT. LAUDERDALE FL 33309-3012 FT. LAUDERDALE FL 33309 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc Applied For 4. FEI Number City & State 65-0626234 City & State Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Zip Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) JONES, MATTHEW T ESQ 1600 W COMMERCIAL BLVD FT LAUDERDALE FL 33309 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. SIGNATURE DATE 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, 2000 Fee will be \$550.00 Added to Fees Tax filing requirement and elects to do so. Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Addition ☐ Change ☐ Delete TITLE DC TITLE NAME MORGAMAN, PHILIP E NAME STREET ADDRESS 1600 W. COMMERCIAL BLVD. STREET ADDRESS CITY-ST-7IP FT. LAUDERDALE FL 33309 CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE SPRUCE, WILLIAM D NAME STREET ADDRESS STREET ADDRESS 1600 W. COMMERCIAL BLVD. CITY-ST-ZIP CITY-ST-ZIP FT. LAUDERDALE FL ☐ Change ☐ Addition Delete TITLE TITLE NAME STEPHENSON, MARK NAME STREET ADDRESS 1600 W COMMERCIAL BLVD STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE FL 33309 CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE NAME NICHOLS, NEAL NAME STREET ADDRESS 3251 WASHINGTON BLVD STREET ADDRESS CITY-ST-ZIP ARLINGTON VA 22201 CITY-ST-ZIP Addition **Y** Change TITLE ☐ Delete TITLE CAMILLO, JOHN M. 1600 W. COMMERCIAL BLVD. NAME CAMILLO, JOHN M NAME STREET ADDRESS 221 W OAKLAND PK BLVD STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE, FL 33309 FT LAUDERDALE FL 33311 CITY-ST-ZIP (X) Change Addition ☐ Delete TITLE DVST GARDNER, DEBORAH S. NAME GARDNER, DEBORAH S 1600 W. COMMERCIAL BLVD. STREET ADDRESS STREET ADDRESS 1600 W COMMERCIAL BLVD FT. LAUDERDALE, FL 33309 CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33309

13. 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 supplier lental port is frue 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 takee 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 in address, with all other like empowered.

SIGNATURE

UMark Stephenson, President

SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/00

(954)493-656<u>5</u>

Daytime Phone #