## 2005 FOR PROFIT CORPORATION

## May 02, 2005 8:00 am **ANNUAL REPORT** Secretary of State DOCUMENT # P96000008687 05-02-2005 90515 048 \*\*\*150.00 BKRY OF SEBRING, INC. Principal Place of Business Mailing Address 500 WEST CYPRESS CREEK ROAD NAVIGANT CONSULTING TWO NORTH CHARLES STREET, SUITE 400 SUITE 450 50045253 FT. LAUDERDALE, FL 33309 BALTIMORE, MD 21201 3. Mailing Address 2. Principal Place of Business Penta Advisory Services, LLC Suite, Apt. #, etc. Two North Charles Street 04272005 CR2E034 (10/03) Chg-P Suite 400 City & State Baltimore, Maryland 21201 4. FEI Number Applied For 65-0628159 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired г Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City 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. I am familiar with, and accept the obligations of registered agent SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. CROD 🕱 Change ☐ Addition Delete TITLE TITLE CRO, Director GOLDSTEIN, CHARLES R NAME NAME Charles R. Goldstein TWO NORTH CHARLES STREET, SUITE 400 Penta Advisory Services, LLC STREET ADDRESS STREET ADDRESS Two North Charles Street-Suite 400 CITY-ST-ZIP BALTIMORE, MD 21201 City-ST-ZIP Baltimore, Maryland 21201 Addition ☐ Change TITLE ☐ Delete TITS F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TELLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TID F TITLE NAME STREET ADDRESS STREET ACCURESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE Delete TITLE NAME NAME

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12. 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

James C. Holman, Attorney/Authorized Rep. April 28, 2005 410-347-8790