2001 UNIFORM BUSINESS REPORT (UBR) Jul 25, 2001 8:00 am Secretary of State DOCUMENT # P96000010087 1. Entity Name 07-24-2001 90027 025 ***550.00 LANDEX OF JACKSONVILLE, INC. Principal Place of Business Mailing Address 3. Mailing Address 2. Principal Place of Business 575 S. Charles Street 575 S. Charles Street Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite 506 Suite 506 City & State City & State Applied For 4. FEI Number Baltimore, Maryland Baltimore, Maryland 65-0637242 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 21201 21201 USA USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and address of New Registered Agent Name NRAI Services, Inc. Street Address (P.O. Box Number is Not Acceptable) 526 E Park Avenue Tallahassee, FL 32301 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 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 \$5.00 May Be ${f D}$ 10. Election Campaign Financing \cdots After MAY 1, 2001 Fee will by \$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 11. I OFFICERS AND DIRECTORS 12. ADDITIONS/ CHANGES TO OFFICERS AND DIRECTORS IN 11 Change Addition Delete TITLE TITLE 47.6u NAME NAME Siegel, Judith S. · LANGEX CORPUTION STREET STREET ADDRESS 222 Jefferson Boulevard ADDRESS CITY-ST-ZIP CITY-ST-ZIP although MD Warwick, RI 02888 Change] Delete PRESIDENT Addition TITLE TITLE. DLANGE COLDERATION
S. CHECKS ST #150C NAME NAME STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Delete Change TITLE TITLE NAME STREET STREET ADDRESS ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete Change Addition TITLE NAME NAME STREET STREET ADDRESS **ADDRESS** CITY-ST-7IP CITY-ST-ZIP Addition -Delete NAME State Company STREET ADDRESS **ADDRESS** CITY-ST-ZIP 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 thistee 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 attackment with an address, with all other like empowered. 224/0111 SIGNATURE

Daytime Phone #