2003 FOR PROFIT CORPORATION

FILED Mar 03, 2003 8:00 am **UNIFORM BUSINESS REPORT (UBR** Secretary of State P96000040770 **DOCUMENT #** 1. Entity Name 03-03-2003 90897 012 ***163.75 AMWEST GROUP, INC. Principal Place of Business Mailing Address 713 PINESIDE LANE 713 PINESIDE LANE NAPLES FL 34108 NAPLES FL 34108 US 'US 2. Principal Place of Business 3. Mailing Address 150 JAMIAMI TRAIL NOT 5150 JAMIAMITRAIL NO Suite, Apt. #, etc. Suite, Apt. #, etc HECK HERE IF MAKING CHANGES 202 202 & State 4. FEI Number Applied For 65-0664956 Not Applicable \$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 WORLD WIDE CORPORATE SERVICES INC. Street Address (P.O. Box Number is Not Acceptable) 1 FINANCIAL PLAZA #2626 FT. LAUDERDALE FL 33394 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. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition POLLAND, MILTON NAME NAME 195 TENTH AVE STREET ADDRESS STREET ADDRESS **NEW YORK NY 10011** CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition RAMETRA, SURINDER NAME NAME 195 TENTH AVE STREET ADDRESS STREET ADDRESS **NEW YORK NY 10011** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change Addition NAME PALMIERI, JENNY NAME STREET ADDRESS 3316 BURKS LANE STREET ADDRESS CITY-ST-ZIP **AUSTIN TX 78732** CITY-ST-ZIP TITI E **EVP** Delete TITLE ☐ Change ☐ Addition NAME POPE, DOMINICK NAME STREET ADDRESS 195 TENTH AVENUE STREET ADDRESS CITY-ST-ZIP **NEW YORK NY 10011** CITY-ST-ZIP TITI E ☐ Delete TITLE ☐ Change ☐ Addition NAME PIOPPI, FRANK NAME STREET ADDRESS 4 CLIFF AVENUE STREET ADDRESS

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

CITY-ST-7IP

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

SIGNATURE:

WINTHROP MA 02152

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

☐ Change

☐ Addition

CR2E034 (10/02)