DOCUMENT # P96000053657 · CENTIFIEFUND. DEVELORMENTX CORP NASC DEVELOPMENT CORP. Principal Place of Business Mailing Address 2401 PGA BOULEVARD 2401 PGA BOULEVARD SUITE 280 SUITE 280 PALM BEACH GARDENS FL 33410 PALM BEACH GARDENS FL 33410 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Zip Country Zip Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WIENER, DAVID J Street Address (P.O. Box Number is Not Acceptable) 2401 PGA BOULEVARD SUITE 280 PALM BEACH GARDENS FL 334/10 City for the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named ent SIGNATURE Signature, type t and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Delete TIT: F TITLE PRESTON, JOHN W.S. NAME NAME STREET ADDRESS STREET ADDRESS 2401 PGA BOULEVARD, SUITE 168 CITY-ST-ZIP CITY-ST-ZIP PALM BEACH GARDENS FL 33410 **VST** ☐ Delete TITLE TITLE GREEN, ROBERT S NAME NAME STREET ADDRESS STREET ADDRESS 2851 JOHN STREET SUITE ONE CITY-ST-ZIP CITY-ST-ZIP MARKHAM, ONTARIO CAN. L3R5R7 TITLE TITLE ZZZDelete COHEN, PETER F NAME NAME STREET ADDRESS 2851 JOHN STREET SUITE ONE STREET ADDRESS CITY-ST-ZIP MARKHAM, ONTARIO CAN. L3R5R7 CITY-ST-ZIP DVAS TITLE Delete TITLE BERNICK, LARRY NAME STREET ADDRESS 2401 PGA BOULEVARD SUITE 280 STREET ADDRESS CITY-ST-ZIP PALM BEACH GARDENS FL 33410 CITY-ST-ZIP Delete TITLE BARRY, MARK W NAME NAME STREET ADORESS 2401 PGA BOULEVARD SUITE 280 STREET ADDRESS

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

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

Delete

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

The on Punter NAME OF SIGNING OFFICER OR DIRECTOR PRESIDENT

PALM BEACH GARDENS FL 33410

3 - 23 - 01

561-624-9500

Daytime Phone #