2000 UNIFORM BUSINESS REPORT (UBR)

FILED Feb 03, 2000 8:00 am DOCUMENT # P96000056526 1. Entity Name Secretary of State TRANSLAND FINANCIAL SERVICES, INC. 02-03-2000 90005 008 ***158.75 Principal Place of Business Mailing Address 2700 WESTHALL LANE 2700 WESTHALL LANE STE. 210 STE. 210 MAITLAND FL 32751-7477 MAITLAND FL 32751-7294 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-3389268 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required ~7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CONNER, ROGER W III Street Address (P.O. Box Number is Not Acceptable) 2700 WESTHALL LANE **STE 210** MAITLAND FL 32751 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. 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 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition ☐ Delete TITLE TITLE CONNER, ROGER W III NAME NAME 2R2F034 STREET ADDRESS STREET ADDRESS 2700 WESTHALL LANE, #210 CITY-ST-ZIP CITY-ST-ZIP MAITLAND FL ☐ Change ☐ Addition ☐ Delete TITLE TITLE ARMSTRONG, WILLIAM L NAME NAME 1625 BROADWAY SUITE 780 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DENVER CO ☐ Change □ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS 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 receive of 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 attachmen

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

/-25-2000 Date