FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

FILED
Apr 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P96000076303 (2)**

1. Corporation Name
IVANHOE CAPITAL MANAGEMENT, INC.

Principal Place of Business
1201 COUNTRY CLUB DRIVE
ORLANDO FL 32804

Mailing Address
1201 COUNTRY CLUB DRIVE
ORLANDO FL 32804

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 535 North Magnolia Ave.
Suite, Apt. #, etc.
22 —
City & State
23 Orlando, Florida
Zip 24 32801 Country 25 USA

2a. Mailing Address
26 535 North Magnolia Ave.
Suite, Apt. #, etc.
27 —
City & State
28 Orlando, Florida
Zip 29 32801 Country 30 USA

3. Date Incorporated or Qualified
09/12/1996

4. FEI Number
59-3399403
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
WARLOW, THOMAS PICTON IV
1201 COUNTRY CLUB DRIVE
ORLANDO FL 32804

10. Name and Address of New Registered Agent
81 Name WARLOW, THOMAS PICTON IV
82 Street Address (P.O. Box Number is Not Acceptable) 535 North Magnolia Avenue
83
84 City ORLANDO FL 85 Zip Code 32801

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE THOMAS PICTON WARLOW IV, Principal — 4-14-98
Signature, typed or printed name of registered agent and title if applicable (Must be Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	☐ DELETE	1.1 TITLE	D	☒ Change ☐ Addition
NAME	WARLOW, T. PICTON IV		1.2 NAME	WARLOW, T. PICTON IV	
STREET ADDRESS	1201 COUNTRY CLUB DRIVE		1.3 STREET ADDRESS	535 North Magnolia Avenue	
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP	ORLANDO, FL 32801	
TITLE		☐ DELETE	2.1 TITLE	D	☐ Change ☒ Addition
NAME			2.2 NAME	LEMONS, L. Clarke	
STREET ADDRESS			2.3 STREET ADDRESS	535 North Magnolia Avenue	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	ORLANDO, FL 32801	
TITLE		☐ DELETE	3.1 TITLE	[redacted]	☐ Change ☒ Addition
NAME			3.2 NAME	[redacted]	
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP	[redacted]	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (10/97)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: THOMAS PICTON WARLOW IV, Principal — 4-14-98 — (407) 423-8844