FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 14, 2002 8:00 am Secretary of State P96000084841 **DOCUMENT #** 1. Entity Name TREYCHRIS, INC. 05-14-2002 90035 009 ***150 00 Principal Place of Business Mailing Address 4345 SOUTHPOINT BOULEVARD.... 4345 SOUTHPOINT BOULEVARD SUITE 100 SUITE 100 JACKSONVILLE FL 32216 JACKSONVILLE FL 32216 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3405178 Not Applicable Zip Country Zip Country \$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 Name GUNN, MARSHALL D JR. Street Address (P.O. Box Number is Not Acceptable) 4345 SOUTHPOINT BOULEVARD SUITE 100 JACKSONVILLE FL 32216 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 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 Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. DPT TITLE ☐ Delete Change ☐ Addition GUNN, LINDA L. NAME NAME 4345 SOUTHPOINT BOULEVARD, SUITE 100 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32216 CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition GUNN, MARSHALL D JR NAME 4345 SOUTHPOINT BOULEVARD, SUITE 100 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32216 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 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

(9/01)