2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # 6960000 95425 FILEU TURE FARY OF STATE TISION OF CORPORATIONS Cross Country Home Holdings, Inc. 00 OCT 20 PM 5:31 Principal Place of Business Aut, Stl. 200 P.O. BOX 551540 FL lawfordale. FC 33323 2. Principal Place of Business 3. Mailing Address Suite, Apt. #. etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For Not Applicable \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) 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 & (NOTE: Registered Agent signature required when reinStating) ed or printed name of registered agent FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangil \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12 Addition Robert Judges Robert Judges Aux, Ste-200 Change TITLE Delete TITLE Howard L Wolk WAVE, 5k 200 NAME NAME lleas nwise STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FL Laurherdale, Fl. XX. Laudendale XI - 333,23 TITLE ☐ Addition ☐ Delete Kenneth 6. HANTAUSEN Keas nw 136 HAVE, Sk. 200 000003447730--7 NAME NAME STREET ADDRESS -11/01/00--01110--012 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP \*\*\*\*\*61.25 \*\*\*\*\*61.25 Courrendale 76 333233 Addition Delete TITLE Cynthia J. Starrett 1625 NW 136 AUC, Ste. OCC NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Ff. Lauderdale FL 33323 Change ☐ Addition TITLE ☐ Delete Tromas Graham 1025 DW 136 Aux Ste 200 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Louderdo le 7 ☐ Defete Addition TITLE NAME 1625 My 136 th Avy Sk 200 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS

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 changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED HAVE OF SIGNING OFFICER OR DIRECTOR DATE OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP