2001 UNIFORM BUSINESS REPORT (UBR) Apr 10, 2001 8:00 am Secretary of State DOCUMENT # P96000100870 DUNWAL LEASE, INC. 04-10-2001 90147 003 ***150.00 Principal Place of Business Mailing Address PMB 152 222 LAKEVIEW AVENUE, SUITE 160 222 LAKEVIEW AVENUE, SUITE 160 WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33401 2. Principal Place of Business 1858 Ringline Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-3422067 Sarosota Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent YOUNG, GREGORY E 250 ROYAL PALM WAY **STE 300** PALM BEACH FL 33840 ^{ଌୄୣ}୳୵ୢ୕<u>ଌ</u> 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 (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible **\$5.00** May Be 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change Add tion TITLE BJTIT J Delete YOUNG, GREGORY E NAME NAME STREET ADDRESS STREET ADDRESS 250 ROYAL PALM WAY, SUITE 300 CITY-ST-ZIP CITY-ST-ZIP PALM BEACH FL Addition A DP ☐ Delete TITLE Gerrull, Michael NAME GERNULL, MICHAEL NAME STREET ADDRESS STREET ADDRESS % DIREKT, FRANKONIA AG, FRIEDEN STRASSE #5 CITY-ST-ZIP CITY-ST-ZIP **WURZBURG GE** ☐ Addition ☐ Chance DVP TITLE TUTLE NAME SCOTT, MARK S NAME STREET ADDRESS STREET ADDRESS C O WHITE CASE LLP CITY-ST-ZIP CITY-ST-ZIP BOSTON MA TITLE ☐ Change 💢 Addition Delete TITLE BORMANN, ELMAR NAME NAME STREET ADDRESS STREET ADDRESS %DIREKT, FRANKONIA, AG, FRIEDEN STRASSE #5 CITY-ST-ZIP CHTY-ST-ZIP **WURZBURG GE** Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addit on Delete TITLE THILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP 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.

SIGNATURE AND TYPED OR SPINTE