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DIVISION OF CORPORATIONS

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TURNEY INVESTMENT COMPANY, INC.

Mailing Address Principal Place of Business 2915 W GULF DR NO A-302 2915 W GULF DR NO A-302 SANIBEL ISLAND FL 33957 SANIBEL ISLAND FL 33957-5724 3. Date Incorporated or Qualified 3a. Date of Last Report 12/17/1996 2. Principal Place of Business 2a, Mailing Address 4. FEI Number Applied For 65-0717223 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Regulred 22 27 City & State City & State Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zip Country Zip This corporation has liability for intangible tax under s. 199.032, Yes I No 29 30 Florida Statutes 24 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name TURNEY, RICHARD R 2915 W GULF DR NO A-302 82 Street Address (P.O. Box Number is Not Acceptable) SANIBEL ISLAND FL 33957 83 City Zip Code 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 Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 96/6) 12 13. DELETE 1.1 TITLE Change Addition TITLE TURNEY, RICHARD R 1.2 NAME CR2E034 NAME 2915 W GULF DR NO A-302 1.3 STREET ADDRESS STREET ADDRESS SANIBEL ISLAND FL 33957 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Addition 21 TITLE Change TITLE TURNEY, JOHN R 2.2 NAME 854 BOAL PKWY 2.3 STREET ADDRESS STREET ADDRESS WINNETKA IL 60093 CITY - ST - ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE DIGEL, DEBORAH T 3.2 NAME NAME 704 E MAIN ST STREET ADDRESS 3.3 STREET ADDRESS **BRADFORD PA 16701** CITY-ST-ZIP 3.4. CITY - ST-ZIP DELETE Change Addition TITLE 41 TITLE HEUSSLER, BARBARA T 4. 2 NAME NAMI 1636 RIDOUT RD 4.3 STREET ADDRESS STREET ADDRESS ANNAPOLIS MD 21401 CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5.1 TITLE BEECHER, JACQUELYN T 5.2 NAME NAME 60 TANGLEWOOD DR STREET ADDRESS **5.3 STREET ADDRESS** ORCHARD PARK NY 14127 CITY-ST-ZIP 5.4 CITY-ST-ZIP Addition DELETE 6.1 TITLE Change TITLE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY - ST - ZIP CITY - ST - 71P

14. I do hereby certify that the information supplied with this filling 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 two 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 employered to execute this report as required by Chapter 607, Florida Statutes; and that my name