FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

FILED Feb 24, 2002 8:00 am Secretary of State

02-24-2002 90003 027 ***158.75

DOCUMENT # P970	0008157	3 \	02-24-2002 90003 ()27 ***158.75
1. Lindry Name				
Vestcor Par	Thas XI,	TUC.		
			824024	
DO NOT WRITE	IN THIS SP	ACE	· ·	
2. Principal Place of Business	3. Mailing Address	artlev Rd		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	incy ne	DO NOT WRITE IN THIS SPACE	Æ
City & State	City & State		4. FEI Number	Applied For
	Jackso		<u> </u>	Not Applicable
Zip Country ,	^{2ip} 32257	Country		75 Additional Required
and the state of t			7. Name and Address of Current Registered Age	ent
DO NOT W	DITE -	Name + C	ict, Stephen A.	
	and the state of t	Street Address	s (P.O. Bax Number is Not Acceptable) O Hartley Road	
IN THIS SF	AUE	Suc	te 300	
		City Jo	rcksonville FL 2	Zip Code 32257
8. The above named entity submits this statement for	or the purpose of changing its re	egistered office or regist	ered agent, or both, in the State of Florida.	
SIGNATURE Strait and			7 - 4 -	
SIGNATURE Signature, typed or printed name of registered agent	and title if applicable. (NOTE: F	Registered Agent signature requi	red when reinstating) DATE	<u> </u>
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.	January 1 - Ma After May 1	y 1. Fee is \$150.00 Fee is \$550.00	10. Election Campaign Financing	\$5.00 May Be
(See criteria on back)	Amended Make Check Payable	UBR is \$61.25 to Department of St	Trust Fund Contribution, ' ate	Added to Fees
11. OFFICERS AND	DIRECTORS			
NAME ROOCH, John D.		NAME		
STREET ADDRESS 3020 Hartley Road	Suite 360	STREET ADDRESS		
TACKSON VIIIE, FL	33321	CITY-ST-ZIP		* * * * * * * * * * * * * * * * * * * *
NAME Farrell, mark T.		4117.77		
STREET ADDRESS 3020 Hatter Rad	c to 300	NAME		
CITY-ST-ZIP TOCKSONLINE FL 3	Suite 300	NAME STREET ADDRESS CITY-ST-ZIP		**************************************
Tacksonville, FL 3	32257	STREET ADDRESS 1 8 9		**************************************
Tacksonville, FL 3	32257	STREET ADDRESS CITY: ST-ZIP TITLE NAME		
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I nereby 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 report is rupe 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 on an attachment with an address, with all other like empowered.

SIGNATURE: _

Daytime Phone #