## FILED 2000 UNIFORM BUSINESS REPORT (UBR) May 04, 2000 8:00 am Secretary of State DOCUMENT # P97000098227 WAXAHACHIE CENTRES GP, INC. 05-04-2000 90018 018 \*\*\*150.00 Mailing Address Principal Place of Business C/O CENTRES. INC. · CENTRES. INC. NORTH 124TH STREET SUITE E 3315 NORTH 124TH STREET SUITE E WI 53005 BROOKFIELD WI 53005-3105 3. Mailing Address 2. Principal Place of Business Centres, DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Two Datran Center 4. FEI Number Applied For City & State 39-1913919 9130 S.Dadeland Blvd. Miani, Fl Not Applicable \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required ۵کیا 33156 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Arnold D. Shevin KARL, KENNETH B Street Address (P.O. Box Number is Not Acceptable) Two Datran Center, Suite 1528 TWO DATRAN CENTER, SUITE 1528 9130 SOUTH DADELAND BLVD. 9130 South Dadeland Bolevard **MIAMI FL 33156** Zip Code 38156 purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named SIGNATURE DATE (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, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (9/99) DP ☐ Change ■ Addition ☐ Delete TITLE. KARL, KENNETH B NAME STREET ADDRESS 9130 S DADELAND BLVD, #1528 STREET ADDRESS CITY-ST-ZIP MIAMI FL 33156 CITY-ST-ZIP ☐ Addition VTS ☐ Change TITLE ☐ Delete TITLE NENNING, MICHELLE M NAME NAME STREET ADDRESS 3314 N 124TH STREET, STE. E STREET ADDRESS **BROOKFIELD WI 53005** CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3 112100

Daytime Phone #