2003 FOR PROFIT CORPORATION

May 01, 2003 8:00 am **UNIFORM BUSINESS REPORT (UBR) Secretary of State** P97000100831 DOCUMENT # 05-01-2003 90155 037 ***150.00 1. Entity Name ACE LIMITED HOLDINGS, INC. Principal Place of Business Mailing Address 3101 N MAIN STREET 3101 N MAIN STREET JACKSONVILLE FL 32206 JACKSONVILLE FL 32206 ШS 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 59-3496044 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent - ~ MITCHELL, A. TODD Street Address (P.O. Box Number is Not Acceptable) 120 PALM BAY COURT JACKSONVILLE FL 32206 City Zip Code 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Addition TITLE ☐ Delete TITLE NAME MITCHELL, TODD NAME STREET ADDRESS 120 PALM BAY COURT STREET ADDRESS CITY-ST-ZIP PONTE VEDRA BLVD FL 32082 CITY-ST-ZIP Addition ☐ Delete ☐ Change TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information to year and that my signature shall have the same legal effect as if made under oath; that I am an officer or director exempts as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if 12. I hereby certify that the information supplied with this filling indicated on this report or supplemental report is true and according to the control of of the corporation or the receiver or to stee empowered to exe changed, or on an attachment with

TITLE

NAME

TITLE

NAME

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NAME

STREET ADDRESS CITY-ST-ZIP

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CITY-ST-ZIP

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SIGNATURE:

TITLE

NAME STREET ADDRESS

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R PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

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