2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Scareta

FILED DOCUMENT # P97000105215 Apr 04, 2000 8:00 am 1. Entity Name EFM ACQUISITION CORP. 0/6/a Everflow Miami **Secretary of State** 04-04-2000 90006 022 ***150.00 Principal Place of Business Mailing Address 1025 THOMAS JEFFERSON ST N.W. 1025 THOMAS JEFFERSON ST N.W. SUITE 600 WEST SUITE 600 WEST WASHINGTON DC 20007 WASHINGTON DC 20007-5201 2. Principal Place of Business 3. Mailing Address NW 89th Place 1025 Th. Informat NW 1800 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Svite 300 East City & State Applied For 58-2370813 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code FL 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable (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 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 VP TITLE ■ Delete TITLE Addition Mike Broom Ris W 1611 Mar 31st St Mu POIRIER, ROBERT J NAME NAME STREET ADDRESS 1025 THOMAS JEFFERSON ST NW STE 600 WEST STREET ADDRESS CITY-ST-ZIP **WASHINGTON DC 20007** CITY-ST-ZIP ■ Addition TITLE ☐ Delete TITLE ☐ Change UNVERDORBEN, PETER NAME NAME STREET ADDRESS STREET ADDRESS 125 HUGLER LANDING RD CITY-ST-ZIP CITY-ST-ZIP CRESSKILL NJ 07626 Delete ☐ Chângē Addition TITLE TITLE Duight Feguran NAME NAME 6400 Georgetown Pilce STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition TITLE Ginny Wibite NAME NAME 8850 NW ZOTH St STREET ADDRESS STREET ADDRESS Minni, FL 3372 CITY-ST-ZIP CITY-ST-ZIP UD-Treamer TITLE Delete TITLE ☐ Change Addition Adrew Cooke NAME NAME Ian N. Highland St. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition This Waters NAME NAME 3404 Dent Place STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S 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.