## 2000 UNIFORM BUSINESS REPORT (UBR)

## Apr 07, 2000 8:00 am Secretary of State DOCUMENT # **P98000002003** 1. Entity Name XL GROUP, INC. 04-07-2000 90002 039 \*\*\*150.00 Mailing Address Principal Place of Business 1025 THOMAS JEFFERSON STREET NW 1025 THOMAS JEFFERSON STREET NW SUITE 600 WEST SUITE 600 WEST WASHINGTON DC 20007-5201 WASHINGTON DC 20007 2. Principal Place of Business 3. Mailing Address 1800 NW 8912 Pka 1025 Th. Leffer St NW Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 58-2370811 DC Mica Washin Not Applicable \$8.75 Additional П 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current 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 City 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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees ...∵(See criteria on back) TO Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. TITLE Delete TITLE Mike Broom high NAME POIRIER, ROBERT J NAME 1611 37st ST NW STREET ADDRESS 1025 THOMAS JEFFERSON ST NW, STE 600 WEST STREET ADDRESS washington, DC 20007 CITY-ST-ZIP CITY-ST-ZIP WASHINGTON DC 20007 My Kelle Cantafro Delete TITLE ALDRICH, JAY L NAME NAME 60 NW 89th Place STREET ADDRESS STREET ADDRESS 1800 NW 89TH PLACE Miami, FL 33172 CITY-ST-7IP CITY-ST-ZIP MIAMI FL 33172 \_\_\_\_\_ Change \_\_\_\_ Addition TITLE Dwicht Reyurs NAME NAME 6000 Georetoun Pike STREET ADDRESS STREET ADDRESS Mc 42-, VA 22201 CITY-ST-ZIP CITY-ST-ZIP VP- THANK Change ■ Addition TITLE ☐ Delete TITLE NAME NAME 1411 N. Highland Are. STREET ADDRESS STREET ADDRESS A-1myton, VA 22201 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP

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:

Date

Date

Date

Date

Daylore Phone #