2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # **P9800005262** Apr 10, 2000 8:00 am Secretary of State 1. Entity Name HALLMARK SENIOR HOUSING, INC. 04-10-2000 90165 006 ***150.00 Mailing Address Principal Place of Business 212 S. CENTRAL 212 S. CENTRAL SUITE 301 SUITE 301 ST. LOUIS MO 63105 ST. LOUIS MO 63105-3500 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Applied For City & State 4. FEI Number 36-4213278 Not Applicable Zip Country Country \$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 KENNEY, THERESA M ESQ Street Address (P.O. Box Number is Not Acceptable) 10110 SAN JOSE BLVD. JACKSONVILLE FL 32257 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** DATE 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. VP PD TITLE Addition TITLE Delete Georgene R. Heinz 212 South Central, Suite 301 KIRKLAND, DAVID L NAME NAME STREET ADDRESS 212 S. CENTRAL, SUITE 301 STREET ADDRESS Mo 63105 CITY-ST-ZIP St. Louis, CITY-ST-7IP ST LOUIS MO 63105 Seniar UP Doug Schiffer ☐ Change Addition ☐ Delete TITLE KENKEL, JOSEPH NAME 3400 Peachtree Road NE, Suite 700 212 S. CENTRAL, SUITE 301 STREET ADDRESS STREET ADDRESS AHantaGA 30326 , CITY-ST-ZIP ST LOUIS MO 63105 CITY-ST-ZIP SD Change Addition ☐ Delete TITLE LOVE, ANDREW S NAME NAME 212 S. CENTRAL, SUITE 200 STREET ADDRESS STREET ADDRESS ST LOUIS MO 63105 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITI F ☐ Delete TITLE SCHIFFER, LAURENCE A NAME NAME 212 S. CENTRAL, SUITE 200 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ST LOUIS MO 63105 CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE CLEMENT, GLORIA D NAME NAME 212 S. CENTRAL, SUITE 100 STREET ADDRESS STREET ADDRESS ST LOUIS MO 63105 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. I hereby certify that the information supplied with this filing does not quality 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.

100 D Clement 4/3/00 314-512-8711

Georgene R. Heinz