FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Feb 20, 2002 8:00 am P98000031906 DOCUMENT # Secretary of State 1. Entity Name GREAT COUNTRY TITLE SERVICES CORP. 02-20-2002 90052 050 ***150.00 Principal Place of Business Mailing Address 2850 DOUGLAS ROAD 2850 DOUGLAS ROAD 4TH FLOOR 4TH FLOOR MIAMI FL 33134 MIAMI FL 33134 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0825419 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent Name COOPER, ANNA Street Address (P.O. Box Number is Not Acceptable) 2850 DOUGLAS ROAD 4TH FLOOR CORAL GABLES FL 33134 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, 2002 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE ☐ Change Addition COOPER, ANNA NAME NAME 2850 DOUGLAS ROAD 4TH FLOOR STREET ADDRESS STREET ADDRESS CORAL GABLES FL 33134 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- 7IP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

^{13.} Thereby certify that the information supplied with this filling does not qualify for the exemption stated in Cartiful indicated on this report or supplemental report in the cartiful indicated on this report or supplemental report in the cartiful indicated on this report of supplemental report in the cartiful indicated on this report of supplemental report in the cartiful indicated on this report of supplemental report in the cartiful indicated on this report of supplemental report in the cartiful indicated on this report of supplemental report in the cartiful indicated on this report of supplemental report in the cartiful indicated on this report of supplemental report in the cartiful indicated on this report of supplemental report in the cartiful indicated on this report of supplemental report in the cartiful indicated on this report of supplemental report in the cartiful indicated on this report of supplemental report in the cartiful indicated on this report in the cartiful indicated on this report of supplemental report in the cartiful indicated on the cartiful indicated on this report of supplemental report in the cartiful indicated on the cartiful indicated on