2001 UNIFORM BUSINESS REPORT (UBR) FILED Sep 17, 2001 08:00 AM P98000037092 DOCUMENT # 1. Entity Name **Secretary of State** O & D REAL ESTATE COMPANY Principal Place of Business Mailing Address 70 CARIBE WAY 70 CARIBE WAY VERO BEACH FL VERO BEACH FL32963 32963 2. Principal Place of Business 3. Mailing Address 161 BEACHSIDE C/O H OFSTIE/ CHARTWELL INVESTMENT PARTNER Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 1235 WESTLAKES City & State City & State 4. FEI Number Applied For VERO BEACH FL BERWYN. 52-2107358 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL33324 US 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. SIGNATURE 09/17/2001 Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE X Delete CR2E034 (11/00) TITLE ☐ Addition DAVISON MAME JOHN \mathbf{E} NAME 40 VALLEY FORGE ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DEVON PA 19333 CITY-ST-ZIP ST ☐ Delete TITLE X Change ☐ Addition NAME OFSTIE HAROLD NAME OFSTIE HAROLD STREET ADDRESS 5 CANTERBURY LANE STREET ADDRESS 410 VALLEY FORGE RD CITY-ST-ZIP ST. DAVIDS PA 19087 CITY-ST-ZIP DEVON 19333 PA Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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.

09/17/2001

Daytime Phone #

Date

SIGNATURE: _ Harold A. Ofstie

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR