2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P98000042516 Apr 14, 2000 8:00 am Secretary of State 1. Entity Name ZP NO. 53 MEMBER, INC. 04-14-2000 90122 043 ***158.75 Mailing Address Principal Place of Business Post Office Box 2628 111 Princess Street Wilmington, NC 28401 Wilmington, NC 28402 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 56-2086081 Not Applicable Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CT 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 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 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) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12 11. Change TITLE ☐ Addition P/D ☐ Delete TITLE NÁME Jeffrey L. Zimmer NAME STREET ADDRESS STREET ADDRESS 111 Princess Street CITY-ST-ZIP 28401 CITY-ST-ZIP Wilmington, North Carolina ☐ Addition Change Delete TITLE VP/T/D TITLE NAME Alan M. Zimmer NAME STREET ADDRESS STREET ADDRESS 111 Princess Street CITY-ST-ZIP Wilmington, North Carolina 28401 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME Herbert J. Zimmer NAME STREET ADDRESS 111 Princess Street STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 28401 Wilmington, North Carolina Change ☐ Addition ☐ Delete TITLE TITLE D NAME E. Bruce Moskowitz NAME STREET ADDRESS 2107 Ascott Place STREET ADDRESS Wilmington, North Carolina 28403 CITY-ST-ZIP CITY-ST-7IP TITLE Change Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME 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 principles empowered.

SIGNATURE:

SIGNATURE AND TO SO OR PRINCED MANE OF SIGNAND OFFICER OF DIRECTOR
HERBERT I IMMER, Secretary

03/29/00

910/763-4669

Date

Daytime Phone #