FILED

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2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000046176 **Secretary of State** 1. Entity Name FIRST AMERICAN EXCHANGE CORPORATION 02-04-2002 90036 041 ***150.00 Principal Place of Business Mailing Address 2075 CENTRE POINTE BLVD 2075 CENTRE POINTE BLVD TALLAHASSEE FL 32308 TALLAHASSEE FL 32308 31.31.350 3. Mailing Address 2. Principal Place of Business 1983 Centre Pointe Blvd. 1983 Centre Pointe Blvd DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Suite 100 <u>Suite 100</u> Applied For 4. FEI Number City & State City & State 59-3516101 Not Applicable Tallahassee, Tallahassee FL. FL\$8.75 Additional Country Zip Zip 5. Certificate of Status Desired Fee Required 32308 32308 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LAJOIE, JOHN T-Street Address (P.O. Box Number is Not Acceptable) 2075 CENTRE POINTE BLVD TALLAHASSEE FL 32308 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 After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS Addition ☐ Delete TITL F TITLE D NAME CONWAY, MICHAEL W NAME STREET ADDRESS STREET ADDRESS 2075 CENTRE POINTE BLVD CITY-ST-ZIP TALLAHASSEE FL 32308 CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE DP TITLE NAME HOUFF, JANICE T NAME STREET ADDRESS STREET ADDRESS 2075 CENTRE POINTE BLVD 1983 Centre Pointe Blvd., Ste. CITY-ST-7IP CITY-ST-ZIP TALLAHASSEE FL 32308 ☐ Change Addition TITLE ☐ Delete TITLE NAME STAMPELOS, BILLYE NAME STREET ADDRESS STREET ADDRESS 2075 CENTRE POINTE BLVD CITY-ST-ZIP TALLAHASSEE FL 32308 CITY-ST-7IP ☐ Change Addition ☐ Detete TITLE TITLE NAME NAME Laurie Cross STREET ADDRESS STREET ADDRESS 1983 Centre Pointe Blvd., Ste. 100 CITY-ST-ZIP CITY-ST-ZIP Tallahassee, FL 32308 Change ☐ Addition ☐ Delete TITLE THUE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

I hereby certify that the information supplied with this filling 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 SIGNATURE

CR2E034 (9/01)