## **2002 UNIFORM BUSINESS REPORT (UBR)**

## May 06, 2002 8:00 am § Secretary of State P98000050959 DOCUMENT # 1. Entity Name 05-06-2002 90159 041 \*\*\*150.00 PARTNERS RESOLUTION CORP. Principal Place of Business Mailing Address 250 AUSTRALIAN AVE SOUTH. SUITE 400 250 AUSTRALIAN AVE SOUTH, SUITE 400 WEST PALM BEACH FL 33401 WEST PALM BEACH FL 33401 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 65-0841595 Not Applicable Zip Country Zip 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 JANISCH, JEFFREY P Street Address (P.O. Box Number is Not Acceptable) ~250 Australian ave ~ STE-400 WEST PALM BEACH FL 33401 City 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, 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 OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change ☐ Addition WRIGHT, LARRY E NAME NAME 250 AUSTRALIAN AVE STE 400 STREET ADDRESS STREET ADDRESS W PALM BCH FL 33401 CITY-ST-ZIP CITY-ST-ZIP ΩV ☐ Delete TITLE ☐ Addition Change COTE, JAMES A NAME 2175 N CALIFORNIA BLVD STE 800 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **WALNUT CREEK CA 94596** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition VOGT, LOUIS E NAME NAME 5025 SWEETLAND CT STREET ADDRESS STREET ADDRESS **RICHMIND HEIGHTS OH 44143** CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition HUGHES, WILLIAM T JR. NAME 250 AUSTRALIAN AVE STE 400 STREET ADDRESS STREET ADDRESS W PALM BCH FL 33401 CITY-ST-ZIP CITY-ST-ZIP D۷ TITLE ☐ Delete ☐ Change ☐ Addition GOLZ, GREGORY L NAME 400 LATHROP STE 201 STREET ADDRESS STREET ADDRESS **RIVER FOREST IL 60305** CITY-ST-ZIE CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS

I hereby certify that the information supplied with this fling 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 for 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 13. I hereby certify that the information

CITY-ST-ZIP

CR2E034 (9/01)

**FILED**