2001 UNIFORM BUSINESS REPORT (UBR) FILED Jan 29, 2001 08:00 AM P98000069172 DOCUMENT# Entity Name **Secretary of State** NOBLE MERCHANT BANKING, INC. Principal Place of Business Mailing Address 1801 CLINT MOORE ROAD #110 1801 CLINT MOORE ROAD #110 BOCA RATON FL BOCA RATON FL 33487 33487 2. Principal Place of Business 3. Mailing Address 6501 CONGRESS AVENUE 6501 CONGRESS AVENUE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE SUITE 100 SUITE 100 City & State City & State 4. FEI Number Applied For BOCA RATON FL BOCA RATON 65-0860585 Not Applicable Zip Country Zip 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 ANGELL CORPORATE SERVICES, INC. 250 ROYAL PALM WAY Street Address (P.O. Box Number is Not Acceptable) PALM BEACH FL334804309 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. 01/29/2001 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 After MAY 1, 2001 Fee will be \$550.00 \$5.00 May Be 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 OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE CR2E034 (11/00) ☐ Delete TITLE ☐ Addition X Change SWIRSKY MAME BENJAMIN NAME SWIRSKY BENJAMIN STREET ADDRESS 1801 CLINT MOORE ROAD #110 STREET ADDRESS 6501 CONGRESS AVENUE SUITE 100 BOCA RATON CITY-ST-ZIP FL 33487 CITY-ST-ZIP BOCA RATON D ☐ Delete TITLE X Change NAME HORNE WAYNE NAME HORNE WAYNE STREET ADDRESS 1801 CLINT MOORE ROAD #110 STREET ADDRESS 6501 CONGRESS AVENUE SUITE 100 CITY-ST-ZIP BOCA RATON FL 33487 CITY-ST-ZIP BOCA RATON FL33487 Delete TITLE D X Change ☐ Addition PRONK NICO NAME PRONK NICO STREET ADDRESS 1801 CLINT MOORE ROAD #110 STREET ADDRESS 6501 CONGRESS AVENUE SUITE 100 CITY-ST-ZIP BOCA RATON \mathbf{FL} 33487 CITY-ST-ZIP BOCA RATON FL. 33487 TITLE Delete TITLE 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.

01/29/2001

Date

Daytime Phone #

Nico-Pronk

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _