2001 UNIFORM BUSINESS REPORT (UBR)						FIL	ED	· ·	-	
DOCUMENT # P98000093977 1. Entity Name IRON ASSET FINANCIAL, INC.						Mar 30, 2001 08:00 AM Secretary of State				
Principal Place		Mailing Address								
JACKSONVILI 32219	LE FL	JACKSONVILLE FL 32219								
2. Principal P	lace of Business	3. Mailing Address 10525 VILLANOVA ROAD							-	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State		City & State JACKSONVILLE FL				4. FEI Number 59-3540636			oplied For ot Applicable	Ì
Zip 32218	Country	Zip 32218	Coun	ntry		5. Certificate of Status Desir	red 🛚 📉	\$8.75 Add	ditional	-
	6. Name and Address of Current R	legistered Agent		1	7	. Name and Address of N	ew Registerer		<u></u>	-
SAFER ELIOT J 4925 BEACH BOULEVARD					ELI ddress (P.O					
JACKSONV 32207	TLLE FI	,		City			F	Zip Cod	e	_
8. The above	named entity submits_this statement for	the purpose of changing its re	eaister		NVILLE registered	agent, or both, in the State		32257		-
SIGNATURE _	Signature, typed or printed name of registered agent an			-	ure required whe	·		0/2001	<u> </u>	
Tax filing re	oration is eligible to satisfy its Intangible equirement and elects to do so, ia on back)	FILE NOWIII After MAY 1, 200 Make Check Payable	Fee	will be \$5	550.00	10. Election Campaig Trust Fund Contril			0 May Be i to Fees	-
11.	OFFICERS AND D	DIRECTORS	12.			ADDITIONS/CHANGES TO	OFFICERS AN	D DIRECTOR	S IN 11	1
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DORMANN CHRISTOPH 11960 NEW KINGS ROAD JACKSONVILLE			E IE EET ADDRESS '- ST-ZIP				☐ Change	Addition	(034 (11/00)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOSTENSKI SUZANNE 11960 NEW KINGS ROAD JACKSONVILLE	IX Delete , FL 32219	NAM Stre					☐ Change	Addition	CR2E0
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOSTENSKI EDWARD 11960 NEW KINGS ROAD JACKSONVILLE			e Ie Eet address '-st-zip	P DORMA 10525 VI JACKSO	LLANOVA ROAD	FL	™ Change 32218	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					-	Change	☐ Addition	_
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						☐ Change	☐ Addition	-
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	CITY	e et address -st-zip				☐ Change	Addition	
of the corp changed,	ertify that the information supplied with to this report or supplemental report is poration or the receiver or trustee empored or on an attachment with an address, we	rue and accurate and that my vered to execute this report as ith all other like empowered.	COMP	filiro enall n	ava tha con	da laggi ettagt og it mada		l ana an afficac	ar disastar	
SIGNAT	URE: CHRISTOPH DORMA SIGNATURE AND TYPED OR PR	ANN INTED NAME OF SIGNING OFFICER OF	R DIRECT	TOR		P 03/30/2001	. ,	Daytime Phone #		

Date

Daytime Phone #