2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED SECRETARY OF STATE DOCUMENT # P98000096227 1. Entity Name PARÁDYME, INC. 03 MAR -3 PM 4: 16 Principal Place of Business Mailing Address 755 W. BIG BEAVER 4400 PGA BLVD., 10TH FLOOR PALM BEACH GARDENS, FL 33410 **SUITE 1700** TROY, MI 48084 2. Principal Place of Business Mairing Address , Suite, Apt. #, etc. Suite, Apt. #. etc: CHECK HERE IF MAKING CHANGES City & State Applied For City & State 4 FEI Number 52-2130991 Not Applicable Zip Country Country \$8.75 Additional X 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NationsCorp Registered Agents, Inc. RENDEL, JEFFREY 4400 PGA BLVD., 10TH FLOOR Street Address (P.O. Box Number is Not Acceptable) PALM BEACH GARDENS, FL 33410 526 E. Park Avenue cıy Tallahassee Zip Code 32301 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. I am familiar with, and accept the obligations of registered agen (INC 855) FILE NOW!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2003 Fee will be \$550 00 Make Check Payable to Florida Department of State Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Delete TITLE 500013284473 TITLE Addition VANDERBURG, CRAIG A NAME NAME 03/03/03--01002--008 **158.75 STREET ADDRESS 755 W. BIG BEAVER, SUITE 1700 STREET ADDRESS TROY, MI 48084 CITY-ST-2P CITY-ST-ZIP TITLE ☐ Delete TITLE ▼ Change ■ Addition Secretary/Director BAIERS, JAMES E NAME NAMÉ STREET ADDRESS 755 W. BIG BEAVER, SUITE 1700 STREET ADDRESS CITY-ST-ZP TROY, MI 48084 CITY-ST-ZIP ☐ Delete Change Addition NAME BURCHAM, JOHN W II NAME STREET ADDRESS 755 W. BIG BEAVER, SUITE 1700 STREET ADDRESS CITY-ST-ZIP TROY, MI 48084 CITY-ST-ZIP Treasurer/Director TITLE ☐ Delete Change Addition Andrew S. Alley 755 W. Big Beaver, Suite 1700 NAMÉ NAMÉ STREET ADDRESS STREET ADDRESS CITY-S1-ZP CITY-ST-ZIP Trov, MI 48084 TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-2IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-st-2iP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

DE DOIGS JAMES E BAIERS
D TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/03 248-269-9601

CRZE034 (10/02)