2000 UNIFORM BUSINESS REPORT (UBR) **FILED** DOCUMENT # P99000007704 May 09, 2000 8:00 am Secretary of State 1. Entity Name MANALAPAN TRUST GROUP, INC. 05-09-2000 90043 008 ***150.00 Principal Place of Business Mailing Address 201 NORTH OAK STREET 201 NORTH OAK STREET LANTANA FL 33465-4116 LANTANA FL 33462-2901 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number City & State Not Applicable Country USA \$8.75 Additional Zip Country 5. Certificate of Status Desired --- -- --Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KOENIG, JOHN M JR. Street Address (P.O. Box Number is Not Acceptable) 201 NORTH OAK STREET LANTANA FL 33465-4116 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 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, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. \Box Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition TITLE □ Delete TITLE BEAUCHAMP, PAUL E NAME NAME P.O. BOX 4116 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LANTANA FL 33465 Change ☐ Addition ☐ Delete TITLE NAME NAME -STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY+ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Change ☐ Addition Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Change ☐ Addition ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE

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.

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE

NAME STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

te Daytime Phone