2001 UNIFORM BUSINESS REPORT (UBR) May 10, 2001 8:00 am Secretary of State DOCUMENT # **P99000047113** IRA DISTRIBUTION COUNCIL, INC. 05-10-2001 90099 026 ***150.00 Principal Place of Business Mailing Address 611 DRUID ROAD, STE, 105 611 DRUID ROAD, STE, 105 CLEARWATER FL 33756 CLEARWATER FL 33756 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number APPLIED FOR 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 Vayland, Kobert E. WAYLAN, ROBERT E Street Address (P.O. Box Number is Not Acceptable) 611 DRUID ROAD, STE. 105 **CLEARWATER FL 33756** 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 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 \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE Change Addition NAME WAYLAND, ROBERT NAME STREET ADDRESS 611 DRUID ROAD, STE. 105 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **CLEARWATER FL 33756** TITLE Delete TITLE Change ☐ Addition NAME FERRARA, V. RAYMOND NAME STREET ADDRESS STREET ADDRESS 611 DRUID ROAD, STE. 105 CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL 33756 TITLE ☐ Delete TITLE Change ☐ Addition NAME MCDONALD, FREDERICK V NAME STREET ADDRESS STREET ADDRESS 301 EDGEWATER PLACE, STE. #330 CITY-ST-ZIP CITY-ST-ZIP WAKEFIELD MA 01880 TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition

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

NAME

STREET ADDRESS

CITY-ST-ZIP

CR2E034 (10/00)