FILED 2001 UNIFORM BUSINESS REPORT (UBR) May 16, 2001 8:00 am Secretary of State DOCUMENT # P99000049869 1. Entity Name 05-16-2001 90047 028 ***150.00 CLUB WALLSTREET.COM, INC. Mailing Address Principal Place of Business 3460 FAIRLANE FARMS ROAD 3460 FAIRLANE FARMS ROAD SUITE 4 SUITE 4 WELLINGTON FL 33414 WELLINGTON FL 33414 3. Mailing Address 2. Principal Place of Business ONE Francial Plan Sup 2326 DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State 65-0925450 Not Applicable \$8.75 Additional Zip Country Zip Certificate of Status Desired Nown Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WORLD WIDE CORPORATE SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) ONE FINANCIAL PLAZA., SUITE 2626 FORT LAUDERDALE FL 33394 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CEO PUPTS C ☐ Addition Change CEOP Delete TITLE TITLE John J. Howard NAME HOWARD, JOHN J NAME one Francial Plaza Such 2626 STREET ADDRESS STREET ADDRESS 3460 FAIRLANE FARMS ROAD., STE 4 CITY-ST-ZIP CITY-ST-ZIP WELLINGTON FL 33414 Addition TITLE Delete TITLE NAME HOWARD, JOHN J NAME STREET ADDRESS 3460 FAIRLANE FARMS ROAD., STE 4 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WELLINGTON FL 33414 Change - - Addition Delete TITLE VP . -TITLE . ROSSI, PHILLIPAV NAME NAME STREET ADDRESS 3460 FAIRLANE FARMS ROAD., STE 4 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WELLINGTON FL 33414 Change ☐ Addition Delete TITLE TITLE FICARELLI, KAREN L NAME NAME 3460 FAIRLAND FARMS ROAD., STE 4 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WELLINGTON FL 33414 ☐ Addition Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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 drugtee 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 addless, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

28/01 571- 373 Date Daytime Pr