FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 21, 2002 8:00 am Secretary of State DOCUMENT # P99000051162 1. Entity Name 🎺 😘 05-21-2002 91230 047 ***150.00 FORTSON EISENACH ASSOCIATES, INC. Mailing Address Principal Place of Business 10706 VALE RD 10706 VALE RD OAKTON VA 22124 OAKTON VA 22124 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 58-2476708 Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired Country Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) CHENKIN, DAVID A 8551 W SUNRISE BLVD, SUITE 208 PLANTATION FL 33322 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 (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 \$5.00 May Be 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 Added to Fees Tax filing requirement and elects to do so. Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. Addition Change ☐ Delete TITLE **PSD** TITLE NAME NAME EISENACH, JANE F STREET ADDRESS STREET ADDRESS 10706 VALE RD CITY-ST-ZIP CITY-ST-ZIP OAKTON VA 22124 ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE - Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete 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

NAME

STREET ADDRESS

CITY-ST-ZIP

Daytime Phone #