

2/ STATEMENTS FIRST STATE THE STATE THE

FILED
May 15, 2000 8:00 am
Secretary of State

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DO NOT WRITE IN THIS SPACE

DOCUMENT # P990000057442

1. Entity Name

W.B.C. INVESTMENT, INC.

Principal Place of Business

Mailing Address

PO BOX 430401

200 E. ROBINSON ST STE 500

KISSIMMEE FL 34743

ORLANDO FL 32801-1956

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FLORIDA CORPORATE SUPPORT, INC.

200 E. ROBINSON STREET STE 500

ORLANDO FL 32801

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$150.00

After MAY 1, 2000 Fee will be \$550.00

Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | | | | | |
|----------------|----------------------|--------|----------------|-----|--------|----------|
| TITLE | D | Delete | TITLE | S/D | Change | Addition |
| NAME | GROENENDIJK, PETER J | | NAME | | | |
| STREET ADDRESS | PO BOX 430401 | | STREET ADDRESS | | | |
| CITY-ST-ZIP | KISSIMMEE FL 34743 | | CITY-ST-ZIP | | | |
| TITLE | D | Delete | TITLE | P/D | Change | Addition |
| NAME | HULSENBECK, WILLEM B | | NAME | | | |
| STREET ADDRESS | PO BOX 430401 | | STREET ADDRESS | | | |
| CITY-ST-ZIP | KISSIMMEE FL 34743 | | CITY-ST-ZIP | | | |
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| CITY-ST-ZIP | | | CITY-ST-ZIP | | | |

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 of 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 incorporator 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 attached sheet with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

(3/9/00)

(407) 944-9515

DATE

Daytime Phone #