2001 UNIFORM BUSINESS REPORT (UBR) FILED Mar 29, 2001 08:00 AM DOCUMENT # **P9900061190** 1. Entity Name **Secretary of State** LDRV HOLDINGS CORP. Principal Place of Business Mailing Address 6130 LAZY DAYS BLVD 6130 LAZY DAYS BLVD SEFENER FL FL33584 33584 2. Principal Place of Business 3. Mailing Address 723 ELECTRONIC DRIVE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE SUITE 300 City & State City & State 4. FEI Number Applied For HORSHAM 59-3676915 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 INTRASTATE REGISTERED AGENT CORPORATION 701 BRICKELL AVE STE 3000 Street Address (P.O. Box Number is Not Acceptable) MIAMI FL33131 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 03/29/2001 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 OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE CR2E034 (11/00) ☐ Delete TITLE ☐ Addition MAME POLLACK GLENN \mathbf{C} NAME 1111 SUPERIOR AVE, SUITE 900 STREET ADDRESS STREET ADDRESS ОН 44144 CITY-ST-ZIP CLEVELAND CITY-ST-ZIP ☐ Delete TITLE VPSD TITLE ☐ Change NAME HOLLYDAY JOHN D NAME STREET ADDRESS 723 ELECTRONIC DRIVE, SUITE 300 STREET ADDRESS CITY-ST-ZIP HORSHAM PA 19044 CITY-ST-ZIP ☐ Delete TITLE PDT X Change ☐ Addition FENKEL DAVID NAME FENKELL DAVID В STREET ADDRESS 723 ELECTRONIC DRIVE, SUITE 300 STREET ADDRESS 723 ELECTRONIC DRIVE, SUITE 300 CITY-ST-ZIP HORSHAM 19044 PA CITY-ST-ZIP HORSHAM 19044 PA TITLE Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS 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 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.

03/29/2001

Daytime Phone #

Date

SIGNATURE: __John D. Hollyday

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR