2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P99000061753 Mar 24, 2000 8:00 am 1. Entity Name **Secretary of State** CORRETA MANAGEMENT, INC. 03-24-2000 90118 042 ***150.00 Principal Place of Business Mailing Address 5117 CASTELLO DRIVE 5117 CASTELLO DRIVE SUITE 1. NAPLES FL 34133-0279 NAPLES FL 34103 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 200 Applied For 4. FEI Number 6934677 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name EBBINGHAUS, MARK **\$117 CASTELLO DRIVE** SUITE T -NAPLES FL 34103 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, (f the State of Florida. DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 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 11. OFFICERS AND DIRECTORS 12. TITLE Delete TITLE **GSTEIGER, WILLY ERNST** NAME Walls Blud NAME 5117-CASTELLO DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34103 Delete TITLE **GSTEIGER, JEANNINE** L Walls Blod - ste 200 NAME NAME 5117 CASTELLO DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP NAPLES FL-34103 -☐ Addition -⊡ Delete-TITLE -TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ■ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ De!ete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TIT! F TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OF ICER OR DIRE

14th match Zooo 34-992-335