2000 UNIFORM BUSINESS REPORT (UBR)

CITY-ST-7IP

SIGNATURE:

May 12, 2000 8:00 am Secretary of State DOCUMENT # P99000083264 CAPITAL CARGO REAL ESTATE HOLDINGS, INC. 05-12-2000 90064 049 ***150.00 Mailing Address Principal Place of Business 6200 HAZELTINE NATIONAL DRIVE 6200 HAZELTINE NATIONAL DRIVE ORLANDO FL 32822-5114 ORLANDO FL 32822 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-3597295 Not Applicable \$8.75 Additional Country Ζiρ Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name FOX, PETER F Street Address (P.O. Box Number is Not Acceptable) 6200 HAZELTINE NATIONAL DRIVE ORLANDO FL 32822 Zip Code City FL 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 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 OFFICERS AND DIRECTORS 12. 11. ☐ Delete (X) Change ☐ Addition TITLE p TITLE FOX. PETER F NAME NAME 6200 HAZELTINE NATIONAL DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ORLANDO FL 32822 Addition ☐ Change TITLE Delete Correia, David E. NAME 6200 Hazeltine National Orlando, Florida 32822 Drive STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE Golder, George A. 6200 Hazeltine National Drive NAME STREET ADDRESS STREET ADDRESS Orlando, Florida 32822 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

TYPED OR PRINTED NAME OF SIGNING OFFICER OR

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 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.

FILED