2000 UNIFORM BUSINESS REPORT (UBR)

5/

FILED
Aug 01, 2000 8:00 am
Secretary of State
05-22-2000 90053 013 ***150.00

DOCUMENT # P99000095984

1. Entity Name
DARWIN GROUP, INC.

Principal Place of Business	Mailing Address
~~2601 S BAYSHORE DR STE 1600~~ ~~MIAMI FL 33133~~	~~2601 S BAYSHORE DR STE 1600~~ ~~MIAMI FL 33133~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2665 South Bayshore Drive	2665 South Bayshore Drive
Suite, Apt. #, etc.: Suite 800	Suite, Apt. #, etc.: Suite 800
City & State: Miami, FL 33133	City & State: Miami, FL 33133
Zip: 33133 Country: USA	Zip: 33133 Country: USA

4. FEI Number: 65-0966428 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

OLLE, DENNIS J ESQ
2601 S BAYSHORE DR STE 1600
MIAMI FL 33133

7. Name and Address of New Registered Agent

Name: A Z Registered Agent Corporation
Street Address (P.O. Box Number is Not Acceptable): 2601 S. Bayshore Drive
Suite 1600
City: Miami, FL Zip Code: 33133

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.

A Z REGISTERED AGENT CORPORATION
SIGNATURE By: [signature] Justin T. Wilson, Vice President — 4/28/00
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D TEMPLETON, TROY 114 MEETING STREET TALLAHASSEE FL 32301	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TEMPLETON, MAIRIAM C 114 MEETING STREET TALLAHASSEE FL 32301	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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.

[signature] Troy D. Templeton CEO (305) 858-2200 x 20

SIGNATURE: [signature] Dennis J. Olle, Esq. - Attorney-in-Fact (305) 858-5555 4/28/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E014 (1/00)