## 2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P99000096492 May 11, 2000 8:00 am 1. Entity Name WASHINGTON CAPITAL CORPORATION Secretary of State 05-11-2000 90327 048 \*\*\*150.00 Mailing Address Principal Place of Business 21045 COMMERCIAL TRAIL COMMERCIAL TRAIL BOCA RATON FL 33486-1006 - RATON FL 33486 2. Principal Place of Business 3. Mailing Address 900 DRPORATE 1900 DRPORATE DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. # 100E 100 b Applied For 4. FEI Number 65-0958715 MOTER Not Applicable \$8.75 Additional USA $\Box$ 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GEORGE CORPORATE CREATIONS ENTERPRISES, INC Street Address (P.O. Box Number is Not Acceptable) 941 FOURTH STREET #200 MIAMI BEACH FL 33139 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 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 Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. WEAST, GEORGE E. JR. KChange ☐ Delete TITLE TITLE WEAST, GEORGE E JR NAME NAME DO CORPORATE BLVD # 100E STREET ADDRESS STREET ADDRESS 21045 COMMERCIAL TRAIL CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33486** Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ANDRESS CITY-ST-ZIP TT: ST ZIP ☐ Addition ☐ Change ☐ Delete TITLE 1111E NAME STREET ADDRESS ST-ZIP CITY-ST-ZIP Addition ☐ Delete Change NAME STREET ADDRESS CITY-ST-ZIP ST ZIP ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP 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 artachment with an address, with all other like empowered.

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR