2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING

DOCUMENT # **P99000098040** May 31, 2000 8:00 am Secretary of State SHAMROCK ASSET DISPOSITION CORPORATION 05-31-2000 90009 021 ***150.00 Mailing Address Principal Place of Business 811 GEORGE BUSH BOULEVARD 811 GEORGE BUSH BOULEVARD DELRAY BEACH FL 33483-5719 DELRAY BEACH FL 33483 101180 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Thomas arneu Street Address (P.O. Box Number is Not Acceptable) -- CORPORATION-SERVICE COMPANY 1201 HAYS STREET -TALLAHASSEE-FL-32301-2525 Beach 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Addition Change TITLE TITLE Delete CARNEY, THOMAS F JR. NAME NAME STREET ADDRESS STREET ADDRESS 811 GEORGE BUSH BOULEVARD CITY-ST-ZIP CITY-ST-ZIP **DELRAY BEACH FL 33483** ☐ Addition Change ☐ Delete TITLE CARNEY, PETER H NAME NAME 811 GEORGE BUSH BOULEVARD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP DELRAY BEACH FL 33483 ☐ Change ☐ Addition TITLE TITLE Delete 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-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS 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. 4-25-2000 Thomas F. Carney, Director

Daytime Phone #