2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # S31531 Feb 16, 2000 8:00 am **Secretary of State** C I F. INC. 02-16-2000 90048 022 ***150.00 Principal Place of Business Mailing Address 4500 PGA BLVD. 4500 PGA BLVD. SUITE 303B SUITE 303B PALM BEACH GARDENS, FL 33418-3965 PALM BEACH GARDEN FL 33418 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0244424 Not Applicable Zip \$8.75 Additional Country 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 WHEELER, JAMES J ESQ. Street Address (P.O. Box Number is Not Acceptable) 7777 GLADES RD. SUITE 300 BOCA RATON, FL 33434 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 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 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Addition Delete TITLE TITLE MARK W. GREENWOOD NAME NAME STREET ADDRESS STREET ADDRESS 40 S. RIVER RD., UNITE 21 CITY-ST-ZIP CITY-ST-ZIP BEDFORD NH Change ☐ Addition TITLE ☐ Delete TITLE NAME HALVORSEN, JOHN H. NAME STREET ADDRESS ONE SUNDIAL AVE., SUITE 510 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MANCHESTER, NH TITLE Change ☐ Addition ☐ Delete TITLE CALONE, RICHARD S NAME NAME STREET ADDRESS 6929 E. GREENWAY PKWY., SUITE 190 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SCOTTSDALE AZ ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME Michael J. Hart NAME STREET ADDRESS STREET ADDRESS 61 Spit Brook Road, Ste. 502 CITY-ST-ZIP CITY-ST-7IP Nashua NH 03060 ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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. 2-8-00

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #