2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # **S66333** May 03, 2000 8:00 am Secretary of State 1. Entity Name SIEMENS GROUP REALTY CORP. 05-03-2000 90111 035 ***150.00 Principal Place of Business Mailing Address 4800 NORTH FEDERAL HIGHWAY. SUITE 200A 4800 NORTH FEDERAL HIGHWAY, SUITE 200A SUITE 202-E SUITE 202-E **BOCA RATON FL 33431 BOCA RATON FL 33431-3410** 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 65-0284337 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SPOONER, JAMES E. Street Address (P.O. Box Number is Not Acceptable) 4800 N. FEDERAL HWY. SUITE 202-E **BOCA RATON FL 33431** Zip Code City 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 Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 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 12. 11. DVS ☐ Change ☐ Addition ☐ Delete TITLE TITLE SIEMENS, ALAN NAME NAME STREET ADDRESS 4800 NORTH FEDERAL HIGHWAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** ☐ Addition ☐ Change DP ☐ Delete TITLE TITLE NAME SIEMENS, RICHARD NAME 4800 NORTH FEDERAL HIGHWAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** ☐ Addition ☐ Delete TITLE ☐ Change TITLE SPOONER, JAMES E NAME STREET ADDRESS STREET ADDRESS 4800 N FEDERAL HWY, STE 202E CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL 33431** ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ■ Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 an other like empowered. ames E. Spooner

SIGNATURE: