"2001 UNIFORM BUSINESS REPORT (UBR) FILED Feb 06, 2001 8:00 am Secretary of State **DOCUMENT # \$75271** HARCH CAPITAL MANAGEMENT, INC. 02-06-2001 90269 046 ***150.00 Mailing Address Principal Place of Business ONE PARK PLACE ONE PARK PLACE 621 NW 53RD ST SUITE 620 621 N.W. 53RD STREET, STE. 620 **BOCA RATON FL 33487 BOCA RATON FL 33487** 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 65-0287661 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LEWITT, MICHAEL E. Street Address (P.O. Box Number is Not Acceptable) ONE PARK PLACE 621 N.W. 53RD STREET, STE. 620 **BOCA RATON FL 33487** 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 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, 2001 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 11. OFFICERS AND DIRECTORS Change TITI F Delete TITLE HARCH, JOSEPH W. NAME STREET ADDRESS ONE PARK PL., 621 N.W. 53RD ST., STE. 620. CITY-ST-ZIP **BOCA RATON FL** <u>COO</u> ☐ Addition ☐ Delete TITLE LEWITT, MICHAEL E. NAME STREET ADDRESS ONE PARK PL., 621 N.W. 53RD ST., STE. 620 CITY-ST-ZIP **BOCA RATON FL** ☐ Addition ☐ Change **EVP** TITLE Delete HILL, JEFFREY H NAME STREET ADDRESS ONE PARK PL., 621 N.W. 53RD ST. S 620 CITY-ST-ZIP **BOCA RATON FL**

NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP ☐ Addition Change TITLE ☐ Delete TITLE DIDONATO, JAMES C NAME NAME STREET ADDRESS ONE PARK PL., 621 N.W. 53RD ST. SUITE 620 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE **BOCA RATON FL** ☐ Addition **VP** Delete TITLE Change TITLE NAME DIGENNARO, DANIEL NAME STREET ADDRESS STREET ADDRESS ONE PARK PL., 621 N.W. 53RD ST., SUITE 620 CITY-ST-ZIP CiTY-ST-ZIP **BOCA RATON FL** ☐ Change ☐ Addition **EVP** ☐ Delete TITLE TITLE NAME O'NEIL, JAMES NAME STREET ADDRESS ONE PARK PLACE, 621 NW 53RD ST, ST 620 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP----BOCA-RATON FL-33487_

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR