2000 UNIFORM BUSINESS REPORT (UBR)

FILED May 04, 2000 8:00 am Secretary of State **DOCUMENT # V01284** 1. Entity Name 05-04-2000 90091 035 ***150.00 WBMC EQUITY CORPORATION Principal Place of Business Mailing Address 222 LAKEVIEW AVE 222 LAKEVIEW AVE 17TH FLOOR 17TH FLOOR 651977 WEST PALM BEACH FL 33401-6150 **LOT PALM BEACH 33401 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0318719 Not Applicable Zip Country \$8.75 Additional Zip 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 REGSERV CORP Street Address (P.O. Box Number is Not Acceptable) 222 LAKEVIEW AVE 17 FL W PALM BCH FL 33401 Zip Code City inging its registered office or registered agent, or both, in the State of Florida 8. The above Regserv Corp. SIGNATURE Mark Nussbaum, Vice President (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 12. 11. ☐ Change ☐ Addition TITLE TITLE ☐ Delete SANDS, DONALD A. NAME NAME 222 LAKEVIEW AVE, 17TH FLOOR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33401 ☐ Addition ☐ Change TITLE ☐ Delete TITLE RENDINA, BRUCE A. NAME NAME STREET ADDRESS 222 LAKEVIEW AVE, 17TH FLOOR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33401 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME DISALVO, PATRICK J STREET ADDRESS STREET ADDRESS 222 LAKEVIEW AVE, 17TH FLOOR CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33401 ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME

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 receive 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 n address with all other like empowered. changed, or on an attachment wi

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-7IP

AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Patrick J. DiSalvo Vice President

CR2E034 (9/99)