2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2001 8:00 am
Secretary of State
03-06-2001 90318 019 ***150.00

DOCUMENT # V08989

1. Entity Name
SCHILD ASSET MANAGEMENT INC.

Principal Place of Business	Mailing Address
9350 SOUTH DIXIE HIGHWAY SUITE 1450 MIAMI FL 33156 US	9350 SOUTH DIXIE HIGHWAY SUITE 1450 MIAMI FL 33156 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
700 N. HIATUS RD	700 N. HIATUS RD
Suite, Apt. #, etc. 103	Suite, Apt. #, etc. 103
City & State Pembroke Pines, Fl	City & State Pembroke Pines, Fl
Zip 33026 / Country	Zip 33026 / Country

4. FEI Number 65-0310772 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
FRAMKE, ARTHUR N. ~~9350 S DIXIE HWY.~~ 700 N. HIATUS RD ~~STE. 970~~ STE 103 ~~MIAMI FL 33156~~ Pembroke Pines, Fl 33026	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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 _____ 3/1/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE PD ☐ Delete NAME SCHILD, MARK D. STREET ADDRESS 9350 S. DIXIE HIGHWAY, STE. 1450 CITY-ST-ZIP MIAMI FL	TITLE ☒ Change ☐ Addition NAME STREET ADDRESS 700 N. HIATUS RD STE 103 CITY-ST-ZIP Pembroke Pines Fl 33026
TITLE ST ☐ Delete NAME FRAMKE, ARTHUR STREET ADDRESS 9350 S. DIXIE HIGHWAY, STE. 1450 CITY-ST-ZIP MIAMI FL	TITLE STD ☒ Change ☐ Addition NAME STREET ADDRESS 700 N. HIATUS RD STE 103 CITY-ST-ZIP Pembroke Pines Fl 33026
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
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TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS 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 all other like empowered.

SIGNATURE: _____ 3/1/01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/00)