FILED

## 2002 UNIFORM BUSINESS REPORT (UBR)

## Apr 29, 2002 8:00 am § Secretary of State DOCUMENT # V09653 1. Entity Name 04-29-2002 90198 008 \*\*\*150 00 EIKO RESORT PROPERTIES, INC. Principal Place of Business Mailing Address 1315 RIDGEWAY RD 1315 RIDGEWAY RD STE. 100 SUITE 100 MEMPHIS TN 38719 MEMPHIS TN 38119 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0311525 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 PASSIDOMO, KAHTLEEN Street Address (P.O. Box Number is Not Acceptable) 2640 GOLDEN GATE PARKWAY STE. 315 Zip Code NAPLES FL 34105 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. DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 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, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. П 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. ; Change · Addition Delete TITLE TITLE NAME EICHMANN, ANSELM NAME STREET ADDRESS 1315 RIDGEWAY RD, STE. 100 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MEMPHIS TN ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME JONES, YVONNE 218 N. JEFFERSON, STE. 400 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE CHICAGO IL 60661 ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME JONES, YVONEE ---STREET ADDRESS STREET ADDRESS 218 N. JEFFERSON, STE. 400 CITY-ST-ZIP CITY-ST-ZIP CHICAGO IL 60661 ☐ Change ☐ Addition Delete TITLE TITLE 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-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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

OMNITHIRIZED REPRESENTATIVE 4-16-02 SIGNATURE: Daytime Phone # SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR