2001 UNIFORM BUSINESS REPORT (UBR) **FILED** Apr 30, 2001 8:00 am Secretary of State **DOCUMENT # V29024** 1. Entity Name . REALNOR 1177, INC. 4-30-2001 90030 023 ***150.00 Principal Place of Business Mailing Address 700 BRICKELL AVE. 50 S LASALLE ST MIAMI FL 33131 C/O PEGGY WALSH. M-9 CHICAGO IL 60675 US 2. Principal Place of Business 3. Mailing Address 50 S. LaSalle Street Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE c/o Rose Ellis, M-9 City & State City & State 4. FEI Number Applied For 65-0327258 Chicago, IL Not Applicable Zìp Country Country \$8.75 Additional 5. Certificate of Status Desired 60675 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name STOTT, VALERIE A Street Address (P.O. Box Number is Not Acceptable) 700 BRICKELL AVE. MIAMI FL 33131 City 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, 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 FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Change Addition MORRISON, WILLIAM L NAME NAME STREET ADDRESS 700 BRICKELL AVE. STREET ADDRESS CITY-ST-ZIP MIAMI FL 33131 CITY-SI-ZIP VSD TITLE ☐ Delete TITLE ☐ Chacge Addition LYNCH, STEPHEN A III NAME 700 BRICKELL AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL D۷ TITLE ☐ Delete TITLE ☐ Change Addition NAME NOBLE, CARLOS NAME STREET ADDRESS 700 BRICKELL AVE. STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33131** CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME SIGABEE, JAMES MAME STREET ADDRESS 700 BRICKELL AVE. STREET ANDRESS CITY-ST-ZIP **MIAMI FL 33131** CITY-ST-ZIP TITLE ASO. ☐ Delete TITLE Change Addition NAME STOTT, VALERIE A NAME STREET ADDRESS 700 BRICKELL AVE. STREET ADDRESS

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.

CITY-ST-ZIP

STREET ADDRESS CITY-ST-7IP

TITLE

NAME

SIGNATURE:

MIAMI FL 33131

CITY-ST-ZE

STREET ADDRESS

TITLE

NAME

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

412310

7021 - 189 - 1507

☐ Change

Addition

Daytime Phone #