2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2001 8:00 am
Secretary of State
04-30-2001 90346 050 ***158.75

DOCUMENT # V47669

1. Entity Name

~~HMS REAL ESTATE, INC.~~

SETON REALTY, INC.

Principal Place of Business	Mailing Address
C/O WILLIAM C. MASON 1301 RIVERPLACE BLVD., SUITE 1700 JACKSONVILLE FL 32207 US	C/O WILLIAM C. MASON 1301 RIVERPLACE BLVD., SUITE 1700 JACKSONVILLE FL 32207 US

D0043038

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
C/O LAURIE S. TEPPERT	C/O LAURIE S. TEPPERT
Suite, Apt. #, etc.: 1801 BARRS STREET, SUITE 615	Suite, Apt. #, etc.: 1801 BARRS STREET, SUITE 615
City & State: JACKSONVILLE, FL	City & State: JACKSONVILLE, FL.
Zip: 32204 Country: USA	Zip: 32204 Country: USA

4. FEI Number 59-3133073 — 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
GRANGER, HARVEY GENERAL COUNSEL 1301 RIVERPLACE BLVD., SUITE 1700 JACKSONVILLE FL 32202	Name: LAURIE S. TEPPERT Street Address (P.O. Box Number is Not Acceptable): GENERAL COUNSEL 1801 BARRS STREET, SUITE 615 City: JACKSONVILLE FL Zip Code: 32204

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: Laurie S. Teppert 4/10/01
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent's 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 / NAME / STREET ADDRESS / CITY-ST-ZIP	D GRANGER, HARVEY 1301 RIVERPLACE BLVD., SUITE 1700 JACKSONVILLE FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President John J. Maher 1801 Barrs Street, Suite 600 Jacksonville, FL. 32204	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD PARRETT, DONALD O 1325 SAN MARCO BLVD., SUIE 901 JACKSONVILLE FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice-President John W. Logue 1800 Barrs Street Jacksonville, FL. 32204	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD PERRY, KENNETH C 1325 SAN MARCO BLVD., SUITE 901 JACKSONVILLE FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary and Treasurer James M. Corrigan 1801 Barrs Street, Suite 600 Jacksonville, FL. 32204	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD THOMPSON, CAROL C Q 1301 RIVERPLACE BLVD., SUITE 1700 JACKSONVILLE FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Kenneth C. Perry 1800 Barrs Street Jacksonville, FL. 32204	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V PERRY, LINDA 1325 SAN MARCO BLVD., SUITE 901 JACKSONVILLE FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice President Linda Perry 1800 Barrs Street Jacksonville FL. 32204	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S JACKSON, REBECCA B 1301 RIVERPLACE BLVD., SUITE 1700 JACKSONVILLE FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Assistant Secretary Donna Sinclair 1801 Barrs Street, Suite 600 Jacksonville, FL. 32204	☑ Change ☐ Addition

CR2E034 (10/00)

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: John J. Maher 4-13-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone