

**2000 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 08, 2000 8:00 am**  
**Secretary of State**

05-08-2000 90216 038 \*\*\*150.00

**DOCUMENT #** 243986  
**1. Entity Name**  
 TALISMAN SUGAR CORPORATION

**Principal Place of Business**                      **Mailing Address**

**2. Principal Place of Business**                      **3. Mailing Address**  
 1650 Prudential Drive                      1650 Prudential Drive  
 Suite, Apt. #, etc.                      Suite, Apt. #, etc.  
 Suite 400                      Suite 400-Attn. Legal Dept.

**City & State**                      **City & State**  
 Jacksonville, FL                      Jacksonville, FL

**Zip**                      **Country**                      **Zip**                      **Country**  
 32207                      US                      32207                      US

**4. FEI Number**                      **Applied For**  
 59-0935992                       **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**  
**Name**                      Lawrence Paine  
**Street Address (P.O. Box Number is Not Acceptable)**  
 1650 Prudential Drive,  
 Suite 400  
**City**                      Jacksonville                      **FL**                      **Zip Code**                      32207

**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** Lawrence Paine                      **DATE** \$/19/00  
Signature, typed or printed name of registered agent and title if applicable                      (NOTE: Registered Agent signature required when reinstating)

**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, 2000, 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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		D/SVP Michael N. Regan 1650 Prudential Dr., #400 Jacksonville, FL 32207	
		SVP David D. Fitch 1650 Prudential Drive, #400 Jacksonville, FL 32207	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		D Kevin M. Twomey 1650 Prudential Drive, #400 Jacksonville, FL 32207	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		EVP Robert M. Rhodes 1650 Prudential Drive, #400 Jacksonville, FL 32207	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
		S Lawrence Paine 1650 Prudential Drive, #400 Jacksonville, FL 32207	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		AS Alison D. Kennedy 1650 Prudential Drive, #400 Jacksonville, FL 32207	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

**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:** Lawrence Paine, Secretary                      **DATE** \$/19/00                      **Daytime Phone #** 904-858-5236  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/99)