DOCUMENT # F9200000327 FILED Jan 16, 2001 8:00 am LANDLEASE CORPORATION Secretary of State 01-16-2001 90098 047 ***150.00 Principal Place of Business Mailing Address 2564 SUMMIT DRIVE P.O. BOX 358 TAMPA FL 34222-0358 #10670 JASPER GA 30143 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Applied For City & State 4. FEI Number 56-1014803 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HANNEY, LAURENCE L CPA Street Address (P.O. Box Number is Not Acceptable) **4615 CLOVERLAWN DRIVE** TAMPA FL 33624 Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (10/00) Change ☐ Addition Delete TITLE TITLE CHISHOLM, A E NAME NAME 806 HOUNDSLAKE DRIVE STREET ADDRESS STREET ADDRESS AIKEN SC 29803-5966 CITY-ST-ZIP CITY-ST-ZIP VCV ☐ Change ☐ Addition ☐ Delete TITLE TITLE WHITE, HARRY C JR NAME NAME STREET ADDRESS 2564 SUMMIT DRIVE #10670 STREET ADDRESS CITY-ST-ZIP JASPER GA 30143 -- _ CITY-ST-ZIP. . ☐ Change ☐ Addition TITLE □ Delete TITLE CHISHOLM, BARBARA NAME NAME **806 HOUNDSLAKE DRIVE** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP AIKEN SC CITY-ST-ZIP ☐ Change ■ Addition ☐ Delete TITLE TITLE WHITE, LINDA NAME 2564 SUMMIT DRIVE #10670 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JASPER GA 30143 CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS 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 ther like empowered.