2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P11055 1. Entity Name THE FORTRESS CORPORATION SLORETARY OF STATE Principal Place of Business Mailing Address MLLAHASSEE, FLORIDA ONE DESIGN CENTER PLACE ONE DESIGN CENTER PLACE SUITE 715 **SUITE 715** 50066805 BOSTON, MA 02210 BOSTON, MA 02210 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07132005 Cha-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 59-2519700 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JONES, KIM Street Address (P.O. Box Number is Not Acceptable) 1629 N.E. 1ST AVE. MIAMI, FL 33132 Zip Code 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. I am familiar with, and accept the obligations of registered agent SIGNATURE_ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Due by September 7, 2005 Added to Fees corporation did not receive the prior notice. OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD TITLE ☐ Change ☐ Delete TITLE ■ Addition NAME THORNE, SIGRID P NAME J05000142049 STREET ADDRESS 1 DESIGN CTR PLACE 715 STREET ADDRESS 03/20/05--01058--018 **150.00 CITY-ST-ZIP BOSTON, MA 02210 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition LEVIS-THORNE, LADD M NAME NAME STREET ADDRESS 1 DESIGN CTR PACE 715 STREET ADDRESS CITY-ST-ZIP BOSTON, MA 02210 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change □ Addition WYNNE, FREDERICK NAME NAME STREET ADDRESS ONE DESIGN CENTER PLACE #715 STREET ADDRESS CITY-ST-7IP BOSTON, MA 02210 CITY-ST-7IP TITLE Delete TITLE ☐ Change Addition FARRAR, POSS NAME ALAN, SHOOLMAN NAME ONE DESIGN CENTER PLACE #715 STREET ADDRESS ONE DESIGN CENTER PLACE #715 STREET ADDRESS BOSTON, MA 02210 CITY-ST-ZIP CITY-ST-7IP BOSTON, MA DONO TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-SI-7IP CITY-ST-ZIP 12. 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 10 or Block 11 in changed, or on an attachneapwith an address, with all other kiew empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO