

No. <b>C 211344</b>		<b>Due no later than Sep 30, 2018 Annual Report Form</b>		2. Registered Agent and Address ( <b>NO PO BOX</b> )			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080  <b>NO FILING FEE IF RECEIVED BY DUE DATE</b>		<b>1. Mailing Address: Correct in this box if needed.</b>  RESMAC, INC. ELLEN FRYE C/O RESMAC, INC. 5400 BROKEN SOUND BLVD NW SUITE 600 BOCA RATON FL 33487 USA		INCORP SERVICES, INC. 1310 S VISTA AVE STE 27 BOISE ID 83720-0080			
						3. <u>New</u> Registered Agent Signature:*	
4. Corporations: Enter Names and Business Addresses of President, Secretary, and Directors, Treasurer (optional).							
Office Held	Name	Street or PO Address	City	State	Country	Postal Code	
PRESIDENT	NELSON S HAWS, JR.	5400 BROKEN SOUND BOULEVARD NW SUITE 600	BOCA RATON	FL	USA	33487	
SECRETARY	BRIAN KOPELOWITZ	5400 BROKEN SOUND BOULEVARD NW SUITE 600	BOCA RATON	FL	USA	33487	
DIRECTOR	NELSON S. HAWS, JR.	5400 BROKEN SOUND BOULEVARD NW SUITE 600	BOCA RATON	FL	USA	33487	
DIRECTOR	HARVEY KOPELOWITZ	5400 BROKEN SOUND BOULEVARD NW	BOCA RATON	FL	USA	33487	
5. Organized Under the Laws of:  <b>FL C 211344</b>		6. Annual Report must be signed.*  Signature: HARVEY KOPELOWITZ Name (type or print): HARVEY KOPELOWITZ					
		Date: 08/03/2018 Title: director					
Processed 08/03/2018 * Electronically provided signatures are accepted as original signatures.							