2002 Uniform Business Report (UBR)

Apr 17, 2002 8:00 am } Secretary of State DOCUMENT # 342140 1. Entity Name 04-17-2002 90105 030 ***150 RDS MANUFACTURING, INC. Principal Place of Business Mailing Address 300 INDUSTRIAL PARK DR. 300 INDUSTRIAL PARK DR. P.O. BOX 1908 P.O. BOX 1908 PERRY FL 32348 PERRY FL 32348 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1293885 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 ROBERTS, JOSEPH R Street Address (P.O. Box Number is Not Acceptable) JOHNSON-STRIPLING RD PERRY FL 32347 City Zip Code 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, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. CR2E034 (9/01) TITI F ☐ Delete TITLE Change NAME ROBERTS, JOSEPH NAME STREET ADDRESS JOHNSON-STRIPLING ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PERRY FL TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME SAYERS DAVIS, MARTHA NAME STREET ADDRESS GOLF COURSE RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PERRY FL TITLE ☐ Délète== Change ☐ Addition =TITLE: NAME NAME ROBERTS, DAVID A STREET ADDRESS STREET ADDRESS 100 DOGWOOD LANE CITY-ST-ZIP CITY-ST-ZIP Perry fl ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME МАМЕ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. Thereby 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

SIGNATURE:

SIGN TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with an address, with all other like empowered.

4/10/02

Daytime Phone #