2001 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 23, 2001 8:00 am Secretary of State **DOCUMENT # 685536** CRAMER CORPORATION 01-23-2001 90009 016 ***150.00 Principal Place of Business Mailing Address 6201-6211 N. NEBRASKA AVE. 6201-6211 N. NEBRASKA AVE. TAMPA FL 33604 TAMPA FL 33604 701235 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 59-2034299 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 CRAMER, NANCY H Street Address (P.O. Box Number is Not Acceptable) 13815 LAKE VILLAGE PLACE TAMPA FL 33624 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) DATE 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 11. OFFICERS AND DIRECTORS CR2E034 (10/00) TITLE Delete TITLE Change ☐ Addition CRAMER, NANCY NAME NAME 6201-6211 N. NEBRASKA AV STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA FL CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE CRAMER, TERENCE SR. NAME NAME 6201-6211 N. NEBRASKA AV STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA FL CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE CRAMER, TERENCE JR. NAME NAME 6201-6211 N. NEBRASKA AV STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL TITLE ☐ Delete TITLE ☐ Change Addition BACKSTROM, CANDICE NAME 6201-6211 N. NEBRASKA AV STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAMPA FL ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change 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 other like empowered. 1-2-2001 513 9613318 SIGNATURE: