2002 UNIFORM BUSINESS REPORT (UBR)

May 12, 2002 8:00 am Secretary of State 828237 DOCUMENT # 1. Entity Name 05-12-2002 90633 025 ***150.00 YODER BROTHERS, INC. Mailing Address Principal Place of Business 115 3RD STREET S.E. 115 3RD STREET S.E. PO BOX 230 PO BOX 230 BARBERTON OH 44203 BARBERTON OH 44203 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 34-0936187 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City 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. DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 (9/01) ☐ Change ☐ Addition ☐ Delete TITLE TITLE PD NAME .--. ; ; NAME DOAK, THOMAS D STREET ADDRESS STREET ADDRESS 115 3RD STREET S.E. CITY-ST-ZIP CITY-ST-ZIP **BARBERTON OH** Change ☐ Addition Delete TITLE TITLE NAME NAME ALLAN, RONALD C STREET ADDRESS AKRON CENTER BLDG. STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP AKRON OH ☐ Change Addition TITLE ☐ Delete TITLE CB NAME NAME YODER, G RAMSEY STREET ADDRESS STREET ADDRESS 115 3RD ST SE CITY-ST-ZIP **BARBERTON OH** CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME WILLENBACHER, LCO STREET ADDRESS STREET ADDRESS 2201 OWANITA ROAD CITY-ST-ZIP **ALVA FL 33920** CITY-ST-ZIP Addition Change ☐ Delete TITLE TITLE Scott M. Schaefer NAME NAME 115 3rd ST SE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Barberton oh 44203 TITLE ☐ Addition ☐ Detete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 received 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:

changed, or on an attachm

WE THED SIGNING OFFICER OR DIRECTOR

Daytime Phone # Date

FILED