2061 UNIFORM BUSINESS REPORT (UBR)

May 16, 2001 8:00 am Secretary of State **DOCUMENT #831987** 1. Entity Name 05-16-2001 90189 003 ***150.00 CROWN DIVERSIFIED INDUSTRIES CORP. Principal Place of Business Mailing Address 300 LOCK ROAD 1065 EXECUTIVE PARKWAY V V V 4 4 0 P.O. BOX 1167 SUITE 300 DEERFIELD BCH FL 33442-3801 ST. LOUIS MO 63141 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 43-0956288 Not Applicable – Zip _Country _____ Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SCOTT, J.H. Street Address (P.O. Box Number is Not Acceptable) 300 LOCK ROAD **DEERFIELD BEACH FL 33441** 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 TITLE TITLE ☐ Change ☐ Addition □ Delete NAME NAME SCOTT, JOE H., SR. STREET ADDRESS 300 LOCK ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DEERFIELD BCH FL TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME SCOTT, LORETTA NAME STREET ADDRESS 300 LOCK ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DEERFIELD 8CH FL TITLE ☐ Delete TITLE ☐ Change Addition NAME SCOTT, JOE H. NAME STREET ADDRESS 300 LOCK ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DEERFIELD BCH FL TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

PED OR PRINCED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE AND

4-30-01 (314)

FILED