2001 UNIFORM BUSINESS REPORT (UBR) Apr 23, 2001 8:00 am Secretary of State DOCUMENT # F0000003042 WARMYR, INC. 04-23-2001 90097 040 ***150.00 Principal Place of Business Mailing Address 108 CAYUGA ROAD 108 CAYUGA ROAD BARNEGAT NJ 08005 BARNEGAT NJ 08005 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 22-9268036 Not Applicable Zip Country 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 NUTT, WARREN C Street Address (P.O. Box Number is Not Acceptable) 909 SOUTH EMERALD DRIVE KEY LARGO FL 33037 City Zip Code 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. 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, 2001 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 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition NAME MILLER, SHARON NUTT NAME STREET ADDRESS 59 WILLIS DRIVE STREET ADDRESS CITY-ST-ZIP WEST TRENTON NJ 08625 CITY-ST-ZIP TITL F ☐ Delete ☐ Change Addition NAME NUTT. MYRTLE L NAME - STREET ADDRESS 108 CAYUGA ROAD --STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BARNEGAT NJ 08005 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NUTT, WARREN C NAME STREET ADDRESS 108 CAYUGA ROAD STREET ADDRESS CITY-ST-ZIP BARNEGAT NJ 08005 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Addition NAME NAME 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 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. ING OFFICER OR DIRECTOR

Daytime Phone #

SIGNATURE:

WARREN