FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Sep 30, 2002 8:00 am Secretary of State **DOCUMENT#** F0000005415 1. Entity Name 09-30-2002 90179 020 ***750.00 CRITICAL FASTENER, INC. Principal Place of Business Mailing Address 2175 STEPHENSON HWY. 2175 STEPHENSON HWY. TROY MI 48083 TROY MI 48083 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 38-2632467 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 **GUERRIERI, DAVID** Street Address (P.O. Box Number is Not Acceptable) 7571 MONDE VERDE LANE WEST PALM BEACH FL 33412 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 \$5.00 May Be Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 □ Delete TITLE ☐ Addition **GUERRIERI, DAVID** NAME NAME STREET ADDRESS 2175 STEPHENSON HWY STREET ADDRESS CITY-ST-7IP TROY MI CITY-ST-ZIP **VSD** TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME CLARK, MICHAEL NAME STREET ADDRESS 2175 STEPHENSON HWY STREET ADDRESS CITY-ST-ZIP TROY MI CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ 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 CITY-ST-ZIF CITY-ST-ZIP TITLE Delete ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition NAME NAME 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 of 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:

866-841-7896