√2000 UNIFORM BUSINESS REPORT (UBR) FILED Feb 11, 2000 8:00 am Secretary of State **DOCUMENT # F04613** DILORETO & SONS, INC. 02-11-2000 90007 029 ***158.75 Principal Place of Business Mailing Address % CENTRAL INVESTMENT CORP 2121 N.W. 15TH AVENUE P.O. BOX 42670 POMPANO BEACH FL 33069 CINCINNATI OH 45242-0670 2. Principal Place of Business 3. Mailing Address . Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-1998709 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired X 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 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 (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 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 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 12 11. ☐ Change ☐ Delete TITLE ZAPATA, ANGEL M NAME NAME STREET ADDRESS 821 CLUB DR. STREET ADDRESS PALM BEACH GARDENS FL 33418 CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change TITLE WARD, R H NAME NAME STREET ADDRESS 5 SPRING KNOLL DR STREET ADDRESS CITY-ST-7IP CINCINNATI OH CITY-ST-ZIP Change Delete -TITLE TITLE CAUDILL, RICHARD W NAME NAME 2 BANCHORY CT STREET ADDRESS STREET ADDRESS PALM BCH GARDENS FL CITY-ST-ZIP CITY-ST-ZIP CD ☐ Change TITLE □ Delete TITLE KOONS, J.F. III NAME NAME 8320 CAROLINE'S TRACE STREET ADDRESS STREET ADDRESS CINCINNATI OH CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE THOMPSON, REX E NAME NAME 323 RIDGE RD. STREET ADDRESS STREET ADDRESS JUPITER FL 33477 CITY-ST-ZIP CITY-ST-ZIP VS TITLE ☐ Change TITLE Delete SHELL, KEVEN E NAME NAME STREET ADDRESS 724 YALE AVE 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

TERRACE PARK OH

SIGNATURE: William P. Martin II, Treasurer, 2/1/00 513-563