2000 UNIFORM BUSINESS REPORT (UBR) APPROVED L98000000096 DOCUMENT # 1. Entity Name HI-LITE SAFETY SYSTEMS, L.L.C. 00 APR 21 AM 11:48 SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 14255 US HWY 1 P.O. BOX 33165 STE 25 -305 PALM BEACH GARDENS FL 33420-3165 JUNO BEACH FL 33408 2. Principal Place of Business 3. Mailing Address Suite, Apt, #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE MNM City & State City & State 4. FEI Number Applied For 91-1897207 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name HYMER, JEFFREY L Street Address (P.O. Box Number is Not Acceptable) 14255 US HWY.1 STE 25 205 JUNO BEACH FL 33408 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. (NOTE, Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State MANAGING MEMBERS/MEMBERS 10. ADDITIONS/CHANGES 9. Change Addition MGR TATLE TITLE Defets HYMER, JEFFREY L MAME NAME STREET ADDRESS 14255 US HWY 1 STREET ADDRESS CITY-8T-ZIP JUNO BEACH FL 33408 CITY- \$T- 719 Addition Delete Change TITLE TITLE NAME **700003243037--**-05/08/00--01117--009 STREET ADDRESS STREET ADDRESS CITY- ST- ZIP CITY-ST-ZIP ****50.00 Delete TITLE MILE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY- ST- ZIP Change Addition | ☐ Delete TITLE TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition Deleta TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Addition Change TITLE ☐ Deleta TITLE NAME MAME

11. 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 is true-land accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or true-lee empowered to execute this report as required by Chapter 608, Florida Statutes.

STREET ANDRESS

CITY- ST-7IP

SIGNATURE

STREET ADDRESS

CITY- ST- ZIP

CHATTER AND TYPED ON PRINTED NAME OF SIGNING MANAGING MEMBER OR MANA

4/19/00

561-691-0311

Daytime Phone #