(9/01)

CR2E034

2002 Uniform Business Report (UBR)

Apr 02, 2002 8:00 am Secretary of State DOCUMENT # P04120 1. Entity Name 04-02-2002 90088 022 ***150.00 CHARLOTTE PIPE AND FOUNDRY COMPANY Principal Place of Business Mailing Address 2109 RANDOLPH ROAD 2109 RANDOLPH ROAD P.O. BOX 35430 P.O. BOX 35430 **CHARLOTTE NC 28235** CHARLOTTE NC 28235 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 56-0174030 Not Applicable Zip Country Zip 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 CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 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. 至的光度不振。翻阅 SIGNATURE Signature, typed or printed name of registered agent and title il applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE Addition NAME NAME HUTAFF (II, WILLIAM R. STREET ADDRESS STREET ADDRESS 2109 RANDOLPH ROAD CITY-ST-ZIP CITY-ST-ZIP CHARLOTTE NC TITLE ☐ Delete TITLE ☐ Change ☐ Addition CD NAME NAME DOWD, RODDEY STREET ADDRESS STREET ADDRESS 2109 RANDOLPH ROAD CITY-ST-ZIP CITY-ST-ZIP CHARLOTTE NC. **X** Addition ☐ Change TITLE Delete. TITLE Secretary ST NAME NAME HUTAFF, III W R STREET ADDRESS STREET ADDRESS 2109 RANDOLPH ROAD CITY-ST-ZIP CITY-ST-ZIP CHARLOTTE NC ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME COBB, CHARLES E. STREET ADDRESS STREET ADDRESS 2109 RANDOLPH ROAD CITY-ST-ZIP CITY-ST-ZIP CHARLOTTE NC TITLE TITLE ☐ Change ☐ Addition ☐ Delete NAME NAME DOWD IV, FRANK STREET ADDRESS STREET ADDRESS 2109 RANDOLPH ROAD CITY-ST-ZIP CITY-ST-ZIP CHARLOTTE NC TITLE ☐ Delete ☐ Change Addition NAME NAME FAISON, CAMERON STREET ADDRESS STREET ADDRESS 2109 RANDOLPH ROAD CITY-ST-ZIP CITY-ST-ZIP CHARLOTTE NC 28207

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.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR