May 17, 2001 8:00 am Secretary of State FILED **2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P40830** 05-17-2001 91356 027 ***158.75 HUNTER DOUGLAS FABRICATION COMPANY Principal Place of Business Mailing Address 3001 GATEWAY CENTER PKWY P O BOX 30 101043 PINELLAS PARK FL 33782 ST. PETERSBURG FL 33780 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 95-2888320 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. Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME HORKINS, MARVIN STREET ADDRESS STREET ADDRESS 2 PARKWAY RT 7 SOUTH CITY-ST-71P CITY-ST-ZIP SADDLE RIVER NJ TITLE ☐ Delete TITLE ☐ Change Addition SMITH, SCOTT NAME NAME STREET ADDRESS STREET ADDRESS 2 PARKWAY & RTE 17 SOUTH CITY-ST-ZIE CITY-ST-7IP <u>UPPER SADDLE RVR NJ</u> ☐ Delete TITLE TITLE Change Addition NAME NAME MEHRA, AJIT STREET ADDRESS STREET ADDRESS 2 PARKWAY & RTE 17 SOUTH CITY-ST-ZIP CITY-ST-ZIP UPPER SADDLE RVR NJ TITLE SGC ☐ Delete TITLE Change ☐ Addition NAME PARNASS, GEOFF NAME STREET ADDRESS STREET ADDRESS 2 PARKWAY & RTE 17 SOUTH CITY-ST-ZIP CITY-ST-ZIP UPPER SADDLE RVR NJ TITI F CF₀ ☐ Delete TITLE Change ☐ Addition NAME KAHN, GORDON STREET ADDRESS STREET ADDRESS 2 PARKWAY RT 17 SOUTH CITY-ST-ZIP CITY-\$T-ZIP UPPER SADDLE RIVER NJ

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 a readdress, with all of sel like empowered.

CITY-ST-ZIP

STREET ADDRESS

TITLE

Delete

SIGNATURE:

NAME STREET ADDRESS

CITY-ST-ZIP

IND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Don

☐ Change

☐ Addition