

09211999-90001-039-\$550.00-\$550.00

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PROFIT CORPORATION ANNUAL REPORT 1998 / 1999		 FLORIDA DEPARTMENT OF STATE Sandra S. Morham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # <i>Ride Corporation</i> 1. Corporation Name <i>848294</i> WOODWARD CO. N.V.			
Principal Place of Business 15400 NW US HWY 27 OCALA, FL 34482		Mailing Address 15400 NW US HWY 27 OCALA, FL 34482	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		3. Date incorporated or Qualified 01/20/80 4. FEI Number 59-2111432 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required 6. Election Campaign Financing ☐ \$5.00 May Be Added to Fees 7. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☒ No	
2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		8. Name and Address of Current Registered Agent EHNTHOLT, MERCEDES 15400 NW US HWY 27 OCALA, FL 34482	
9. Name and Address of New Registered Agent ESCOBAR, JUAN 15400 NW US HWY 27 OCALA, FL 34482		10. Name and Address of New Registered Agent 81 Name ESCOBAR, JUAN 82 Street Address (P.O. Box Number is Not Acceptable) 15400 NW US HWY 27 83 City OCALA FL 85 Zip Code 34482	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE <i>Juan A. Escobar</i> JUAN A. ESCOBAR MANAGER <i>Sep. 29 - 1999</i>			
12. OFFICERS AND DIRECTORS ☐ DELETE TITLE NAME STREET ADDRESS CITY, ST, ZIP 1. PD DEGWITZ, LUISA G 15400 NW US HWY 27 OCALA, FL 34482 2. STD DEGWITZ DE JIMENEZ, ERIKA 15400 NW US HWY 27 OCALA, FL 34482 3. VPD DEGWITZ, LUISELENA 15400 NW US HWY 27 OCALA, FL 34482 4. <i>Escobar Juan</i> 15400 NW US Hwy 27 OCALA, FL 34482		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition 1. TITLE 2. NAME 3. STREET ADDRESS 4. CITY, ST, ZIP 5. TITLE 6. NAME 7. STREET ADDRESS 8. CITY, ST, ZIP 9. TITLE 10. NAME 11. STREET ADDRESS 12. CITY, ST, ZIP 13. TITLE 14. NAME 15. STREET ADDRESS 16. CITY, ST, ZIP	
14. 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 annual report or supplemental annual 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 and the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed. (on an attachment with an address.) SIGNATURE: <i>Juan A. Escobar</i> JUAN ESCOBAR <i>7/15/99</i> (352) 528-5973			

APPROVED
AND
FILED

99 OCT -1 AM 11:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CR2E034 (10/97)

W. J. H. H.