2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 824229 May 18, 2000 8:00 am Secretary of State PELLERIN LAUNDRY MACHINERY SALES COMPANY, INC. 05-18-2000 90325 028 ***150.00 Principal Place of Business Mailing Address 700 JACKSON STREET 700 JACKSON STREET POST OFFICE BOX 1137 POST OFFICE BOX 1137 KENNER LA 70062-7774 KENNER LA 70062-7774 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number City & State Applied For City & State 72-0503033 Not Applicable Country Country \$8.75 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 SHACKLEFORD, FARRIOR, STALLINGS & EVANS Street Address (P.O. Box Number is Not Acceptable) FARRIOR, J. REX, JR., 1ST FLORIDA TOWER **TAMPA FL 33601** 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. 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, 2000 Fee will be \$550.00 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. X Addition TITLE Delete TITLE JACKSON, W. BLAINE PELLERIN, CURTIS A. NAME NAME 1447 WOODMERE DR. STREET ADDRESS STREET ADDRESS 300 STELLA ST MANDEVILLE, LA. 70471 CITY-ST-ZIP CITY-ST-ZIP METAIRIE LA ☐ Addition Change ☐ Delete TITLE TITLE FULGO, RICHARD C. NAME NAME STREET ADDRESS 1031 RUE ORLEANS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SLIDELL LA ☐ Change ☐ Addition ☐ Delete TITLE FRILOT, CLIFTON NAME NAME STREET ADDRESS 1508 HOUMA BLVD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP METAIRIE LA ☐ Addition ☐ Delete TITLE ☐ Change PELLERIN, JAMES NAME NAME **400 NORTHLINE** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP METAIRIE LA Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME

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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

DICHARD C. FULD 4/20/00 504-467 9593