2006 FOR PROFIT CORPORATION ANNUAL REPORT

Apr 03, 2006 8:00 am Secretary of State DOCUMENT # F00000004495 04-03-2006 90394 004 ***150.00 1. Entity Name AD, INC. - FLORIDA DISTRIBUTION Principal Place of Business Mailing Address **506 MUNICIPAL AVENUE** 60023723 **506 MUNICIPAL AVENUE** JEFFERSON CITY, TN 37760 JEFFERSON CITY, TN 37760 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 01252006 CR2E034 (11/05) Chg-P Applied For 4 FEL Number City & State City & State Not Applicable 36-4316700 Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GRADY, ANTHONY Street Address (P.O. Box Number is Not Acceptable) 7630 CURRENCY DRIVE ORLANDO, FL 32809 Zip Code City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 11 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. orporate Controller TITLE Addition TITLE PC ☐ Defete ☐ Change Dotern Voight 1001 Perry Street ELLSWORTH. WENDELL E NAME NAME 1001 PERRY STREET STREET ADDRESS 1001 Perry STREET ADDRESS , WI 54201 CITY-ST-ZIP CITY-ST-ZIP ALGOMA, WI 54201 Algoma VPD ☐ Change ☐ Addition TITLE ☐ Delete TITLE STAPLES, DANIEL R NAME NAME 4 E. STOW ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MARLTON, NJ 08053 CITY-ST-ZIP ☐ Change ☐ Addition TSD ☐ Delete TITLE TITLE ROE, RODERICK J NAME NAME

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

NAME

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STREET ADDRESS

CITY-ST-ZIP

506 MUNICIPAL AVENUE

JEFFERSON CITY, TN 37760

Roderick J. Re 1/27/06

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