2000 UNIFORM BUSINESS REPORT (UBR) FILED **DOCUMENT # 203571** May 23, 2000 8:00 am Secretary of State 1. Entity Name POLK EQUIPMENT COMPANY INC 05-23-2000 90194 036 ***150.00 Mailing Address Principal Place of Business P. O. BOX 1016 N/A 3000 HIGHWAY 17 SOUTH BARTOW FL 33831-1016 BARTOW FL 33830 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-0807832 Not Applicable Zip 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 C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND RD PLANTATION FL 33324 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 DATE Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 12. D Change ☐ Addition TITLE Delete TITLE NINA R ROAD ROBINSON, RONALD-A HEMBERGEK NAME NAME 166 WALTER 4815 NEWSTEAD PLACE STREET ADDRESS STREET ADDRESS 17402 PA CITY-ST-ZIP COLORADO SPRINGS CO 80906 CITY-ST-ZIP YORK Change ☐ Addition ☐ Delete TITLE TITLE MORRISON, RS NAME NAME 727 OAK BLUFF DRIVE STREET ADDRESS STREET ADDRESS DAPHNE AL 36526 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE TITLE ☐ Delete KARLIN, ROGER AT NAME NAME 2780 FARVIEW DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **RICHFIELD WI 53076** CITY-ST-ZIP ☐ Addition ☐ Delete Change TITLE TITLE FONS, JOHN J NAME NAME 8028 N POPLAR DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FOXPOINT WI 59217 ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Delete TITLE ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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 of 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 effect with an address, with a fifther empowered.

SIGNATURE

SIGNATURE

SIGNATURE

Date

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