FILED 2002 UNIFORM BUSINESS REPORT (UBR) Jan 16, 2002 8:00 am Secretary of State DOCUMENT # 294614 1. Entity Name FRANKLIN ELECTRIC COMPANY 01-16-2002 90070 006 ***150 00 Principal Place of Business Mailing Address 3512 N LOCKWOOD RIDGE RD 3512 N LOCKWOOD RIDGE RD SARASOTA FL 34234 SARASOTA FL 34234 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1107386 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 Franklin, Billy, Jr. FRANKLIN, BILLY C Street Address (P.O. Box Number is Not Acceptable) 3512 N. LOCKWOOD RIDGE ROAD 3512 N. Lockwood Ridge Road 3512 N LOCKWOOD RIDGE ROAD SARASÓTA FL 34234 ^{City} Sarasota 8. The above named entity submits this statement for the purpose of clienging its registered office or registered agent, or both, in the State of Florida. Billy Franklin, Jr., President SIGNATURE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITI F ☐ Addition Change NAME FRANKLIN, BILLY C NAME STREET ADDRESS 3512 N LOCKWOOD RIDGE RD STREET ADDRESS CITY-ST-ZIP SARASOTA FL CITY-ST-7/P TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME Franklin, Billy Jr. NAME STREET ADDRESS 3512 N LOCKWOOD RIDGE RD STREET ADDRESS CITY-ST-7iP SARASOTA, FL CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME STREET ADDRESS

13. I hereby certify that the information supplied with this filing does not coindicated on this report or supplemental report is true and accurate and alify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information that my signature shall have the same legal effect as if made under oath; that I am an officer or director eport as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation or the receiver or trustee empowered to execute this changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

D TYPED OR PRINTED NAME OF SIGNING

CITY-ST-7IP

CER OR DIRECTOR