2001 UNIFORM BUSINESS REPORT (UBR)

May 03, 2001 8:00 am Secretary of State **DOCUMENT # 475531** 1. Entity Name A.B. DICK PRODUCTS COMPANY OF THE PALM BEACHES. 05-03-2001 91103 024 ***150.00 Mailing Address Principal Place of Business 1408 N KILLIAN DRIVE 1408 N KILLIAN DRIVE LAKE PARK FL 33407 LAKE PARK FL 33407 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-1579139 Not Applicable \$8.75 Additional Country 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 Name GEHR, RONALD C Street Address (P.O. Box Number is Not Acceptable) 1408 N KILLIAN DRIVE SUITE #103 LAKE PARK FL 33403 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. SIGNATURE DATE (NOTE: Registered Agent signature required when reinstating) 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 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition ☐ Delete TITLE PD TITLE NAME GERHR, RONALD C NAME STREET ADDRESS STREET ADDRESS 1408 N KILLIAN DRIVE, SUITE #103 CITY-ST-ZIP CITY-ST-78P LAKE PARK FL 33403 Change ☐ Addition ☐ Delete TITLE ST TITLE NAME NAME GEHR, SUE A STREET ADDRESS STREET ADDRESS 1408 N KILLIAN DRIVE, SUITE #103 CITY-ST-ZIP CITY-ST-ZIP WEST PALM BEACH FL 33403 Change Addition TITLE □, Delete. TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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.

FILED

SIGNATURE: Nonald Selw - Ronald C - GE HR - PRES. 4-26-01

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daysime Phone #