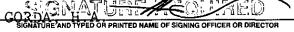
2000 UNIFORM BUSINESS REPORT (UBR) **FILED** May 05, 2000 8:00 am Secretary of State **DOCUMENT # 485119** 1. Entity Name CHEMEX, INC. 05-05-2000 90064 031 ***150.00 Mailing Address Principal Place of Business **BOSPHORUS AVENUE** 1900 S. HARBOR DR. COOFFOOD MILWAUKEE WI 53207-1027 FI 33606 3. Mailing Address 464 Bosphorus Ave. 2. Principal Place of Business Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1631468 Tampa, FL 33606 Not Applicable -Country \$8:75~Additional Zip Country __ _ ... 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GORDA, HUGH A Street Address (P.O. Box Number is Not Acceptable) 464 BOSPHORUS AVE. **TAMPA FL 33606** City 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 (NOTE: Registered Agent signature required when reinstating) 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, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ΓX (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ▼ Change ☐ Addition ☐ Delete TITLE PTD TITLE GORDA, H. A. NAME NAME 464 BOSPHORUS AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA FL CITY-ST-ZIP X1 Addition PSTD VPSD X Delete TITLE ☐ Change TITLE COOK, R.N. GORDA, D.S. 464 BOSPHORUS AVE. NAME NAME 1900 S. HARBOR DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TAMPA. FL 33606 MILWAUKEE WI CITY-ST-ZIP K Delete X Addition Change TITLE ASD TITLE KENDALL, R. A. GORDA, J.W. NAME NAME 2525 S. SGT. MACARIO GARCIA DR. STREET ADDRESS 464 BOSPHORUS AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HOUSTON TX TAMPA. FL 33606 ☐ Change ☐ Addition X Delete TITLE TITLE FIDUCCI, S E NAME NAME STREET ADDRESS 111 E. KILBOURN AVE., STE. 1400 STREET ADDRESS CITY-ST-ZIP MILWAUKEE WI CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE WILLIAMS, P. T. NAME NAME 1900 S. HARBOR DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MILWAUKEE WI** CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE: _

CITY-ST-ZIP



Daytime Phone #