2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # 503431 May 01, 2000 8:00 am Secretary of State 1. Entity Name MELDISCO K-M FT. MYERS, FLA., INC. 7/6/8 05-01-2000 90378 010 ***150.00 Principal Place of Business Mailing Address 933 MACARTHUR BLVD. 383853 CLEVELAND AVE.. S FT MYERS FL 33901 MAHWAH NJ 07430-2045 บร 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 22-2109825 Not Applicable Zip 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 UNITED STATES CORPORATION COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301 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 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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1,1 OFFICERS AND DIRECTORS 11. 12. Delete Addition TITLE TITLE KATHLEEN GUINNESSEY PALIZZI, ANTHONY NAME STREET ADDRESS STREET ADDRESS 3100 W.BIG BEAVER 933 Magarthur Blvd., Maenagi, Est CITY-ST-ZIP CITY-ST-ZIP TROY MI ☐ Change ☐ Addition ☐ Delete TITLE TITLE PROFFITT, RANDALL S. NAME NAME STREET ADDRESS 933 MACARTHUR BLVD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MAHWAH NJ Addition ☐ Delete ☐ Change TITLE TITI F NAME SHEPARD, JEFFREY NAME STREET ADDRESS 933 MACARTHUR BLVD. STREET ADDRESS MAHWAH NJ CITY-ST-ZIP CITY-ST-ZIP Delete Change Addition TITLE WOJNO, THOMAS NAME NAME 933 MACARTHUR BLVD. STREET ADDRESS STREET ADDRESS MAHWAH NJ CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE TITLE RICHARDS, MAUREEN NAME NAME STREET ADDRESS STREET ADDRESS 933 MACARTHUR BLVD CITY-ST-ZIP CITY-ST-ZIP MAHWAH NJ Addition TITLE ☐ Delete TITLE ☐ Change **BAUMIN, THOMAS** NAME NAME STREET ADDRESS STREET ADDRESS 933 MACARTHUR BLVD. CITY-ST-ZIP CITY-ST-ZIP MAHWAH NJ 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 cath; 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.

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date