2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OF

Apr 27, 2001 8:00 am Secretary of State DOCUMENT # 539880 MELDISCO K-M GAINESVILLE, FLA., INC. (4047) 04-27-2001 90276 028 ***150.00 Principal Place of Business Mailing Address 933 MACARTHUR BLVD 2552 NW 13TH STREET 9 9 9 1 7 2 GAINESVILLE FL 32605 MAHWAH NJ 07430 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For 22-2162303 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 Name UNITED STATES CORPORATION COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYES ST SUITE 105 TALLAHASSEE FL 32301 Zin 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 Signature, typod or printed name of registered agent and title if applicable (NOTF: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Delete TITLE ☐ Change TITLE PROFFITT, RANDALL S NAME MAME 933 MACARTHUR BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MAHWAH NJ CITY-ST-ZiP TITLE Delete TITLE PALIZZI, ANTHONY NAME NAME STREET ADDRESS STREET ADDRESS 3100 W. BIG BEAVER TROY MI CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TiTI F TITLE SHEPARD, JEFFREY NAME NAME STREET ADDRESS 933 MACARTHUR BLVD STREET ADDRESS CITY-ST-7IP MAHWAH NJ CITY-ST-ZIP TITLE Change ☐ Addition ☐ Delete TITLE NAME WOJNO, THOMAS NAME 933 MACARTHUR BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-7iP MAHWAH NJ CITY-ST-ZIP Change ☐ Delete TITLE ☐ Addition TITLE BAUMLIN, THOMAS NAME 933 MACARTHUR BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-S1-ZIP MAHWAH NJ 07430 Change ☐ Addition TITLE Delete TITLE RICHARDS, MAUREEN NAME NAME 933 MAC ARTHUR BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP C1TY-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 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 APR 1 6 2001 THOMAS WOJNO

ED NAME OF SIGNING OFFICER OR DIRECTOR

(201) 934-2000