2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # 558331 May 16, 2000 8:00 am Secretary of State TOTAL DISTRIBUTION SYSTEMS INC. 05-16-2000 90015 043 ***150.00 Principal Place of Business Mailing Address 1111 IMESON PARK BLVD 1111 IMESON PARK BLVD JACKSONVILLE FL 32218-4907 JACKSONVILLE FL 32218 2. Principal Place of Business 3. Mailing Address 20495 Pennsylvania 301 Tillson Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-1797190 Ontario Not Applicable Riawistown M Tillsonburg \$8.75 Additional 5. Certificate of Status Desired N4G SES USA Canada Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WEINSTEIN, IRVIN M Street Address (P.O. Box Number is Not Acceptable) 1300 GULF LIFE DRIVE JACKSOVILLE FL 32207 Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so 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 OFFICERS AND DIRECTORS 12. 11. > PD: - 75-71 17,741 Change Addition ☐ Delete TITLE OPDENCEOH: JOS DUNCAN, BRIAN R NAME 301 TILLSON AVE STREET ADDRESS 301 TILLSON AVE. STREET ADDRESS CITY-ST-ZIP TILLSON BURG, ON CITY-ST-ZIP TILLSONBURG, CAN 00000 Addition Delete De TITLE Change TITLE KOPSHEVER, JOHN NAME BARKERIGRANT NAME 301 TILLSON AVE STREET ADDRESS **301 TILLSON AVE** STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TILLSONBURG ON TIULSONIBUEG, ON Change Ch ☐ Addition CD **⊠** Delete CO TITLE TITLE DUNCAN BRIAN 301 TILLSON, AVE LOGAN, THOMAS NAME NAME 301 TILLSON AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TILLSONBURG, ON CITY-ST-7IP TILLSONBURG, CAN ☐ Addition TITLE TITLE 🔀 Delete DANIELS, TERRANCE NAME NAME STREET ADDRESS 230 EAST HIGH ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CHARLOTTESVILLE VA Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME

13. Thereby certify that the information supplied with this filling 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.

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 19/00

519-842-4211

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