2001 UNIFORM BUSINESS REPORT (UBR)

May 05, 2001 8:00 am Secretary of State **DOCUMENT # 596219** MARQUETTE LUMBER COMPANY, INCORPORATED 05-05-2001 91105 049 ***150.00 Principal Place of Business Mailing Address 3201 CARDINAL DR. PO BOX 3040 PO BOX 3040 VERO BCH FL 32964-3040 VERO BEACH FL 32964 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 35-0491410 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 STEWART, WILLIAM J. Street Address (P.O. Box Number is Not Acceptable) 3355 OCEAN DRIVE VERO BEACH FL 32960 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) DATE 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, 2001 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete TITLE Change ☐ Addition DOWNEY, DANIEL G. (JR) NAME NAME STREET ADDRESS 1325 LITTLE HARBOUR LANE STREET ADDRESS CITY-ST-ZIP VERO BEACH FL CITY-ST-7IP TD TITLE ☐ Delete TITLE Change ☐ Addition DOWNEY, FREDERICK F. NAME NAME STREET ADDRESS 99 W. MAIN ST. STREET ADDRESS CITY-ST-ZIP NORWALK OH CITY-ST-ZIP VSD TITLE Delete TITLE Change ☐ Addition DOWNEY, GREGOR S. NAME NAME STREET ADDRESS 990 PAINTED BUNTING LANE STREET ADDRESS CITY-ST-ZIP VERO BEACH FL CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE Delete TITLE Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/01

Date

561-231-5252

Daytime Phone #