AMENDED

FILED
03 AUG 15 PM 1:33
SECRETARY OF STATE
TALLAHASSEE FLORIDA

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 689975

1. Entity Name
AWI/CDT INC.

DO NOT WRITE IN THIS SPACE

400022184964
08/21/03--01059--004 **61.25

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
6788 N.W. 17TH AVE.	6788 NW 17TH AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: FT LAUDERDALE FL.	City & State: FT LAUDERDALE FL
Zip: 33309 Country: USA	Zip: 33309 Country: USA

4. FEI Number: 592049293 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: CORPORATION SERVICE COMPANY

Street Address (P.O. Box Number is Not Acceptable): 1201 HAYS STREET

City: TALLAHASSEE FL Zip Code: 32301

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent must sign if registered agent is changing)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
C/D Fred C. Kuznik Foster Plaza 7, 661 Andersen Drive Pittsburgh PA 15220	
P/D George Graeber 10 Mechanic St., Suite 302, Worcester, MA 01608	
V/S Charles B. Fromm Foster Plaza 7, Andersen Dr. Pittsburgh PA 15220	
V/S Michael Loggia 203 Progress Drive, Manchester, CT 06040	
V/S/D William Cann Foster Plaza 7, 661 Anderson Dr., Pittsburgh PA 15220	
~~Robert~~ V Robert Canny 900 Northop Road, Wallingford CT 06492	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/02)

12. 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Vice President, Secretary 8/14/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Date

8/15