2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # 821823 May 07, 2000 8:00 am **Secretary of State** HURON MACHINE PRODUCTS, INC. 05-07-2000 90009 005 ***150.00 Principal Place of Business Mailing Address 228 S.W. 21 TERRACE 228 S.W. 21 TERRACE FT. LAUDERDLAE FL 33312 FT. LAUDERDLAE FL 33312-1425 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 38-1421203 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LINDEMANN, H II Street Address (P.O. Box Number is Not Acceptable) 228 S.W. 21 TERRACE FT. LAUDERDLAE FL 33312 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 Signature, typed or printed name of registered agent and title if applicable DATE (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 Tax filing requirement and elects to do so. After MAY 1, 2000 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 OFFICERS AND DIRECTORS 12. 11. PD Delete Change Addition TITLE TITLE LINDEMANN, DAVID H NAME NAME STREET ADDRESS **228 SW 21ST TERR** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33312 ☐ Change Addition TITLE ☐ Delete TITLE LINDEMANN, ELLEN NAME NAME STREET ADDRESS 228 S W 21ST TERR STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE 33312 CITY-ST-ZIP Delete ☐ Change Addition TITLE LINDEMAN, ILH-NAME -STREET ADDRESS 228 SW 21ST TERRACE STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE FL 33312 CITY-ST-ZIP Defete Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE [] Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

RINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #