2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 830075 May 16, 2000 8:00 am Secretary of State AUTOWIZE DISTRIBUTING, INC. 05-16-2000 90052 022 ***150.00 Mailing Address Principal Place of Business 4 WEST OAK LANE 4 WEST OAK LANE C/O ITT INDUSTRIES, INC. C/O ITT INDUSTRIES, INC. WHITE PLAINS NY 10604 954326 WHITE PLAINS NY 10604 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 13-2822192 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 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. DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 11. Change ☐ Addition **PSD** Delete TITLE CERNOSIA, THOMAS C. NAME STREET ADDRESS STREET ADDRESS 3000 UNIVERSITY DR. CITY-ST-ZIP CITY-ST-ZIP **AUBURN HILLS MI 48326** Change Addition TITLE ☐ Delete TITLE NAME LORRAINE, RICHARD A. NAME STREET ADDRESS STREET ADDRESS 3000 UNIVERSITY DR. CITY-ST-ZIP CITY-ST-ZIP AUBURN HILLS MI 48326 Change ☐ Addition ☐ Delete TITLE AS TITLE MC CARTY, KEVIN J. NAME NAME STREET ADDRESS STREET ADDRESS 3000 UNIVERSITY DR. CITY-ST-ZIP CITY-ST-ZIF **AUBURN HILLS MI 48326** ☐ Delete TITLE ☐ Change ☐ Addition TITLE POWERS, RICHARD W NAME NAME STREET ADDRESS STREET ADDRESS 4 WEST OAK LANE CITY-ST-ZIP CITY-ST-7IP WHITE PLAINS NY 10604 Change ☐ Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS

13. I hereby 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 report 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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

Said Howale

KARIL

Assistant Secretary 4/20/200

(914) 641-2133

Daytime Phone #