FILED
Apr 30, 2003 8:00 am
Secretary of State
04-30-2003 90122 026 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 838970

1. Entity Name
HIRAM WALKER-AV CO.

11029074

Principal Place of Business	Mailing Address
9350 SO. DIXIE HWY 1450 MIAMI, FL 33156 US	P.O. BOX 33006 DETROIT, MI 48232-5006 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number 38-1586438 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD PLANTATION, FL 33324	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** 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. 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 signature required when changing)

~~FILE NOW!! FEE IS $150.00~~
~~After May 1, 2003 Fee will be $550.00~~
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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C TURNER, RICHARD THE PAVILIONS, BRIDGEWATER RD BEDMINSTER DOWN, BRISTOL, bs13 8ar	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P ~~RICHARDSON, CHARLES~~ THE PAVILIONS, BRIDGEWATER RD BEDMINSTER DOWN, BRISTOL, bs13 8ar	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P/O ANDY CONSUEGRA 9350 SO. DIXIE HWY. STE 1450 MIAMI, FL 33156	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T CLARK, BLAIR A THE PAVILIONS, BRIDGEWATER RD BEDMINSTER DOWN, BRISTOL, bs138ar	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T/D CON CONSTANDIS 355 RIVERSIDE AVE WESTPORT, CT 06880	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPS STAINTON, DAVID M 2072 RIVERSIDE DR E WINDSOR, ONTARIO CANADA, n84 4s5	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AT CREMERING, MICHAEL J 2072 RIVERSIDE DR E WINDSOR, ONTARIO CANADA, n84 4s5	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AT MICHAEL KENNEDY 355 RIVERSIDE Ave WESTPORT, CT 06880	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP MCBRIDE, MAUREEN VPAGC 355 RIVERSIDE AVENUE WESTPORT, CT 06880	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (10/02)

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ APR. 23, 2003 313-965-6611
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #