FROM : JUDY PHONE NO. : 517 264 6082

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 11, 2000 8:00 am
Secretary of State
07-11-2000 90001 043 ***550.00

DOCUMENT # 840695

1. Entity Name

ROSTAN, INC.

Principal Place of Business	Mailing Address
2825 BUSINESS CNTR BLVD MELBOURNE FL 32940 US	2825 BUSINESS CNTR BLVD MELBOURNE FL 32940-7132 US

000068858

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite A-1-R
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 34-6532108 ☐ 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
SIMMS, DONALD L. 2825 BUSINESS CNTR BLVD STE A-1-R MELBOURNE FL 32940	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.

SIGNATURE _____ 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 Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2000 Fee Will be $550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD GIFFORD, WARREN C. I 1946 BEVERLY ROAD COLUMBUS OH 43221	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	x ☐ Change ☐ Addition 1054 Cherokee Rd. Wilmette, IL 60091
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD LEVISON, KATHIE PO BOX 6462 KETCHUM ID 83340	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD HASTINGS, DEBRA 67 LAWN AVE PORTLAND ME	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	x ☐ Change ☐ Addition 40 Carroll St. Falmouth, ME 04105
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Kathie A. Levison 6/20/00
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #