2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # 852232 May 05, 2000 8:00 am 1. Entity Name Secretary of State GK TECHNOLOGIES, INCORPORATED 05-05-2000 90107 030 ***150.00 Mailing Address Principal Place of Business 4 TESSENEER DR 4 TESSENEER DR HIGHLAND HEIGHTS KY 41076 HIGHLAND HEIGHTS KY 41076-9167 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 13-3064555 Not Applicable Żip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. ☐ Addition ☐ Change Delete TITLE TITLE NAME NAME RABINOWITZ, STEPHEN STREET ADDRESS STREET ADDRESS 900 ADAM'S LANDING CITY-ST-ZIP CITY-ST-ZIP CINCINNATI OH ☐ Addition ☐ Change TITLE ☐ Delete TIT! F NAME NAME KENNY, GREGORY B. STREET ADDRESS STREET ADDRESS 4945 BURLEY HILLS DR CITY-ST-ZIP CITY-ST-ZIP CINCINNATI OH ☐ Change Addition ☐ Delete TITLE TITLE **VPDS** NAME NAME SIVERD, ROBERT J. STREET ADDRESS STREET ADDRESS 8051 BRILL RD. CITY-ST-ZIP CITY-ST-ZIP CINCINNATI OH Change Addition ☐ Delete TITLE TITLE NAME VIRGULAK, CHRISTOPHER F NAME STREET ADDRESS STREET ADORESS 8124 STARTING GATE LN CITY-ST-ZIP CITY-ST-ZIP CINICINNATI OH X Change ☐ Addition ☐ Delete TITLE TITLE AS Whelan NAME WHALEN, JEFFREY J. NAME STREET ADDRESS STREET ADDRESS 9006 PATRICKS GLEN CITY-ST-ZIP CITY-ST-ZIP CINCINNATI OH 45242 ☐ Addition ☐ Change TITLE Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7tP CITY-ST-ZIP 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.

Jeffrey J. Whelan

R PRINTED NAME OF SIGNING OFFICER OR DIRECTOR ASST. SECRETARY

SIGNATURE:

859-572-8743

Daytime Phone #