FILED

2001 UNIFORM BUSINESS REPORT (UBR)

Mar 06, 2001 8:00 am DOCUMENT # F0000001395 **Secretary of State** WESTPORT SHIPYARD, INC. 03-06-2001 90359 041 ***158.75 Principal Place of Business Mailing Address P.O. BOX 308 P.O. BOX 308 WESTPORT WA 98595 WESTPORT WA 98595 630766 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 91-1011690 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent INTERSTATE REGISTERED AGENT CORPORATION Street Address (P.O. Box Number is Not Acceptable) 701 BRICKELL AVE., SUITE 3000 MIAMI FL 33131 City 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 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 Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 V, D Addition TITLE Delete TITLE Change RUST, RICHARD J NAME NAME 215 MARGARET AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WESTPORT WA 98595 CITY-ST-ZIP ☐ Addition TITLE Delete TITLE Change Change NELSON, LARRY NAME NAME STREET ADDRESS 913 NORTH ADAMS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP WESTPORT WA 98595 TITLE Delete TITLE - Change --Holiber, Richard C. RUST, RANDOLPH J NAME NAME 21539 Halstead Dr. STREET ADDRESS 1661 MCDONALD TRACTS ROAD STREET ADDRESS BOCA Raton, FL. 33428 CITY-ST-ZIP **GRAYLAND WA 98547** CITY-ST-7IP Delete Change **X** Addition TITLE TITLE NELSON, LARRY Wakefield, Daryl P. NAME NAME 506 west Scattle Ave. STREET ADDRESS STREET ADDRESS 913 NORTH ADAMS Westport, WA. 98595 CITY-ST-ZIP CITY-ST-7IP WESPORT WA 98595 ☐ Change ☐ Addition TITLE ☐ Delete TITLE THOMPSON, JACK NAME NAME STREET ADDRESS 423 1/2 EAST HERON STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ABERDEEN WA 98520 TITLE ☐ Delete TITLE Change Addition Preston, Russell S. III PRESTON, RUSSELL S III NAME 19617 120th Ave. 50. STREET ADDRESS 20802 CABRILLO WAY STREET ADDRESS BOCA Raton, FL. 33498 CITY-ST-ZIP **BOCA RATON FL 33428** 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:

Russell S. IrestonTu

3/2/01

954-316-6364

Daytime Phone #