2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: X

May 15, 2001 8:00 am Secretary of State DOCUMENT # F0000002467 05-15-2001 90166 011 ***150.00 ALLTECH RESOURCES, INC. Principal Place of Business Mailing Address 150 EDDY LANE 150 EDDY LANE A0067399 NORTHFIELD/IL 60093 NORTHFLELD IL 60093 3. Mailing Address Regent 2. Principal Place of Business Regent Suite, Apt #, etc Suite, Apt.# etc. DO NOT WRITE IN THIS SPACE Çity & State City & State Applied For 4. FEI Number 36-3965427 Not Applicable Country 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 C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 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, 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, 2001 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 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PTCD PTCD ☐ Addition CR2E034 (10/00) TITLE TITI F ☐ Delete Karrys, William KARRYS, WILLIAM NAME NAME I Regent wood Rd. STREET ADDRESS 150 EDDY LANE STREET ADDRESS CITY-ST-ZIP Northfield, 1L CITY-ST-ZIP NORTHFIELD IL 60093 ☐ Delete TITLE Forster Rudolf 3732 Solith Lake Orlando Pkwy FORSTER, RUDOLF NAME NAME 150 EDDY LANE STREET ADDRESS STREET ADDRESS Orlando, FL 32808-3014 CITY-ST-ZIP NORTHFIELD IL 60093 CITY-ST-7IP D._.... ☐ Change — — Addition · 🖸 · Delete 🖛 -TITLE-- · ZUPAN, DAVE NAME NAME 33791 LAKE ROAD STREET ADDRESS STREET ADDRESS **AVON LAKE OH 44012** CITY-ST-ZIP CITY-ST-ZIP Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change noitibhA 🔲 NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS 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

FILED