2001 UNIFORM BUSINESS REPORT (UBR) Apr 05, 2001 8:00 am Secretary of State DOCUMENT # F0000003291 1. Entity Name P & D LTD, INCORPORATED 04-05-2001 90095 006 ***150.00 Principal Place of Business Mailing Address 1920 GILLINGHAM ROAD -1320-CILLINGHAM-ROAD NEENAH WI 54956 NEENAH WI 54956 2. Principal Place of Business 3. Mailing Address P. D. Box 743 Suite, Apt. #, etc. 800 Kuehn Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Neenah Applied For City & State 4. FEI Number 39-1931772 Not Applicable Zip Country \$8.75 Additional 5. -Certificate of Status Desired --- . 54957-0743 Fee Required --U S 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name 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 Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) 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, 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. PCD Change ☐ Addition TITLE Delete TITLE CURRAN, PATRICK NAME NAME 800 Kuchn. Ct. Neanuh, WI 54956 1320 GILLINGHAM ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NEENAH WI VD ☐ Addition TITLE TITLE NAME FYE, DAWN NAME STREET ADDRESS 1320 GILLINGHAM ROAD STREET ADDRESS CITY_ST_ZIP . CITY-ST-ZIP NEENAH WI TITLE Change TITLE Delete David Mooney NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITL F Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE ☐ 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 frust composition of the receiver or frust composition of the receiver of the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or frust composition of the receiver of the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or frust composition of the receiver of the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or frust composition of the receiver of the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or frust composition of the receiver of the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or frust composition of the receiver of the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or frust composition of the receiver of the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or frust composition of the receiver of the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver of the same legal effect as if made under oath; the same legal effect as if made under oath; the same legal effect as if made under oath; the same legal effect as if made under oath; the same legal effect as if made under oath; the same legal effect as if made under oath; the same legal effect as if made under oath; the same legal effect as if made under oath; the same legal

NAME

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR