2002 UNIFORM BUSINESS REPORT (UBR)

FILED Jul 15, 2002 8:00 am F00000006184 DOCUMENT # Secrétary of State 07-15-2002 90191 042 ***550 00 DIAMOND RETAIL SERVICES, INC. Principal Place of Business Mailing Address 8500 SHILLING STREET, P.O. BOX 727 8500 SHILLING STREET, P.O. BOX 727 STOKESDALE NC 27357-0727 STOKESDALE NC 27357-0727 Principal Place of Business 3. Mailing Address O. Box Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 56-1941035 Not Applicable \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPAMERICA, INC. Street Address (P.O. Box Number is Not Acceptable) 416 S.E. 15 STREET FORT LAUDERDALE FL 33316 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. I am familiar with, and accept the obligations of registere 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 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 TITLE TITLE Delete ☐ Addition CASEY, ROBERT L JR. NAME, NAME 4711 HICKORY WOODS DRIVE STREET ADDRESS STREET ADDRESS CITY: \$1-ZIP **GREENBORO NC 27410** CITY-ST-ZIP DS TITLE Delete TITLE ☐ Change ☐ Addition CASEY, GRACIE J NAME NAME STREET ADDRE 8146 FLATROCK ROAD. STREET ADDRESS STOKESDALE NC 27357-9318 CITY-ST-78 CITY-ST-ZIP VC TITLE Delete TITLE ☐ Change ☐ Addition CASEY, ROBERT L SR. NAME NAME 8146 FLATROCK ROAD STREET ADDRESS STREET ADDRESS STOKESDALE NC 27357-9318 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 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 directories an powered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 changed, or on an attachment with

CITY-ST-ZIP

CITY-ST-7IP