2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNI

Mar 25, 2002 8:00 am Secretary of State DOCUMENT # F01000001706 1. Entity Name 03-25-2002 90178 029 ***150 00 MCPHILLIPS WINDOWS 'N MORE, INC. Mailing Address Principal Place of Business P.O. BOX 169 P.O. BOX 169 MOBILE AL 36601 MOBILE AL 36601 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 63-1270145 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City 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. 14: SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (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, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. TITLE ☐ Delete TITLE PCEO NAME NAME MCPHILLIPS, J M STREET ADDRESS STREET ADDRESS **301 YEEND STREET** CITY-ST-ZIP CITY-ST-ZIP MOBILE AL 36603 Change Addition ☐ Delete TITLE **VCFO** NAME NAME MCPHILLIPS, F M STREET ADDRESS STREET ADDRESS **301 YEEND STREET** CITY-ST-ZIP CITY-ST-ZIP MOBILE AL 36603 TITLE Change Addition ☐ Delete TITLE NAME NAME KIRKPATRICK, J A STREET ADDRESS STREET ADDRESS **301 YEEND STREET** CITY-ST-ZIP CITY-ST-ZIP **MOBILE AL 36603** ☐ Change ☐ Addition TITLE ☐ Delete TITLE CD NAME NAME MCPHILLIPS, H M STREET ADDRESS STREET ADDRESS **301 YEEND STREET** CITY-ST-ZIP CITY-ST-ZIP MOBILE AL 36603 Vice President CFO Change ☑ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

FILED

Daytime Phone #