FILED
Jul 03, 2003 8:00 am
Secretary of State
07-03-2003 90035 031 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F02000005549

1. Entity Name
FRACO PRODUCTS, INC.

Principal Place of Business	Mailing Address
400 COLONY SQUARE, SUITE 200 ATLANTA, GA 30361	400 COLONY SQUARE, SUITE 200 ATLANTA, GA 30361

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.: ~~Frank L. Aitcheson, LLC~~	Suite, Apt. #, etc.: ~~Frank L. Aitcheson LLC~~
City & State: ~~400 Colony Sq., STE 200~~	City & State: ~~400 Colony Sq, STE 200~~
Zip / Country: ~~Atlanta, GA 30361~~	Zip / Country: ~~Atlanta, GA 30361~~

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number: 58-2208171 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BUSINESS FILINGS INCORPORATED 660 EAST JEFFERSON STREET TALLAHASSEE, FL 32301-0000	Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CPD RAINVILLE, ARMAND 91 CHEMIN DES PATRIOTES ST., MATHIAS QUEBEC, CANADA J3I 6A1,	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V NOISEUX, DENIS 91 CHEMIN DES PATRIOTES ST., MATHIAS QUEBEC, CANADA J3I 6A1,	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S VILLENEUVE, FRANCOIS 91 CHEMIN DES PATRIOTES ST., MATHIAS QUEBEC, CANADA J3I 6A1,	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E034 (10/02)

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ Armand Rainville 450 658 0094
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #