2004 FOR PROFIT CORPORATION

Apr 16, 2004 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # F49267 04-16-2004 90105 023 ***150.00 1. Entity Name **BAILEY ENGINEERING CORPORATION** Principal Place of Business Mailing Address 880 JUPITER PARK DRIVE 880 JUPITER PARK DRIVE SUITE 5 SUITE 5 JUPITER, FL 33458 JUPITER, FL 33458 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02172004 Chg-P CR2E034 (10/03) City & State City & State Applied For 4. FEI Number 59-2228558 Not Applicable Zip Country Zip 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 BAILEY, RONALD B Street Address (P.O. Box Number is Not Acceptable) 8633 DAMASCUS DR PALM BCH GARDENS, FL 33418 City Zip Code Fl 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be Added to Fees Trust Fund Contribution. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Delete TITLE Change Addition TITLE BAILEY, RONALD B NAME 880 JUPITER PARK DRIVE, STE 5 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JUPITER, FL 33458 CITY-ST-ZIP TITLE PD Delete TITLE VP, D X Change ☐ Addition HOLLACE SWANSON, BAILEY NAME NAME 880 JUPITER PARK DRIVE, STE 5 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP JUPITER, FL 33458 CITY-ST-ZIP - Delete - -TITLE TITLE NAME GROW, SANDA NAME STREET ADDRESS 4091 ISLE CIRCLE NW STREET ADDRESS CITY-ST-ZIP MASSILLON, OH 44646 CITY-ST-ZIP Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7tP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED