2002 UNIFORM BUSINESS REPORT (UBR)

May 20, 2002 8:00 am § Secretary of State DOCUMENT # F93000000251 1. Entity Name 05-20-2002 90087 025 ***150.00 LAPP ROOFING & SHEET METAL CO., INC. Principal Place of Business Mailing Address 2860 OME AVENUE 2860 OME AVENUE DAYTON OH 45414 DAYTON OH 45414 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 31-1125249 Not Applicable Zip Zip Country 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 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 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. **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 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 ☐ Delete TITLE (9/01) Change ☐ Addition NAME LAPP, PAMELA NAME 17 Loonis FRAY No STREET ADDRESS 860 SCENIC KNOLL STREET ADDRESS HILTON HRAD, SC 29928 CITY-ST-ZIP TIPP CITY OH 45371 CITY-ST-7IP TITLE ☐ Delete TITI E Change ☐ Addition NAME CLOUD, JOHN M 🗢 NAME STREET ADDRESS 1834 QUAIL HOLLOW STREET ADDRESS CITY-ST-7IP DAYTON OH 45459 CITY-ST-ZIP ☐ Delete Change Change ☐ Addition PTDC LAPP, DUANE E NAME NAME 17 LOOMIS FRANCE 860 SCENIC KNOLL STREET ADDRESS STREET ADDRESS HILTON HRAD CITY-ST-ZIP TIPP CITY OH CITY-ST-ZIP VICE PRESIDENT TITLE TITLE ☐ Delete ☐ Change **Addition** JANKS W. TRAYMOR NAME NAME STREET ADDRESS STREET ADDRESS 4352 Timprowing Or CITY-ST-ZIP CITY-ST-7iP KRTTRRING, UNIO TITLE Change ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME

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.

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED