2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Mar 21, 2000 8:00 am Secretary of State DOCUMENT # F93000000713 ARAMSCO, INC. 03-21-2000 90016 023 ***150.00 Mailing Address Principal Place of Business 1655 IMPERIAL WAY 1655 IMPERIAL WAY THOROFARE NJ 08086 THOROFARE NJ 08086 60040928 2. Principal Place of Business 3. Malling Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 23-1673998 Not Applicable 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 THOMAS, DOUGLAS Street Address (P.O. Box Number is Not Acceptable) 4960 E. LAKELAND COMMERCE PARKWAY LAKELAND FL 33806 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Atter MAY 1, 2000 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 ☐ Change Addition **PRES** TITI F TITLE Delete NAME KENWORTHY, WILLIAM NAME STREET ADDRESS STREET ADDRESS 10 VICTORIA COURT CITY-ST-ZIP CITY-ST-ZIP MEDFORD NJ 08055 ■ Addition ☐ Change ☐ Delete TITLE NAME NAYLOR, DAVID STREET ADDRESS STREET ADDRESS 1200 LODGE LANE CITY-ST-ZIE CITY-ST-ZIP WILMINGTON DE 19809 Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition ☐ Delete TITLE TITLE

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 explowered.

CITY-ST-ZIP

NAME STREET ADDRESS

SIGNATURE

NAME

STREET ADDRESS

CITY-ST-ZIP

IGNATURE AND TYPED ORIPRINTED NAME OF SIGNING OFFICER OR DIRECTO

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857-841-533C