FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 14, 2002 8:00 am Secretary of State DOCUMENT # F93000001445 1. Entity Name 05-14-2002 90302 011 ***150 00 WEAVEXX CORPORATION Principal Place of Business Mailing Address P.O. BOX 471 P.O. BOX 471 WAKE FOREST NC 27587 WAKE FOREST NC 27587 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 05-0387869 Not Applicable Zip 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 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) 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. 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 12. TITLE Plo Delete K Change ☐ Addition GUTIERREZ, THOMAS NAME 1-1 COLLINS, MICHAEL D NAME STREET ADDRESS 1120 CAPITAL BLUD STREET ADDRESS 1120 CAPITAL BLVD. WAKE FOREST, NC 27587 CITY-ST-ZIP CITY-ST-ZIP WAKE FOREST NO Delete TIT) F FRANKEN FIELD, JACK Change ☐ Addition NAME NAME AYRE, RICK 1120 CAPITAL BLUD. STREET ADDRESS STREET ADDRESS 1120 CAPITAL BLVD. WAKE FOREST, NC 27587 CITY-ST-ZIP CITY-ST-7/P WAKE FOREST NC 27587 ☐ Delete TITLE Change ☐ Addition NAME **** NAME TARANO, MANUEL STREET ADDRESS STREET ADDRESS 1120 CAPITAL BLVD. CITY-ST-ZIP CITY-ST-ZIP WAKE FOREST NC 27587 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME CORWON, MICHAEL STREET ADDRESS STREET ADDRESS 1120 CAPITAL BLVD CITY-ST-ZIP CITY-ST-ZIP WAKE FOREST NO TITLE □ Defete TITLE Change **K** Addition NAME CORMIER, JOHN NAME STREET ADDRESS 1120 CAPITAL BLUD STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP WAKE FOREST, NC 27587 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 of 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

SIGNATURE: SILLAGIA CONTRACTOR

4/18/07

508-616-9468

Daytime Phone #