2001 UNIFORM BUSINESS REPORT (UBR) FILED May 21, 2001 8:00 am Secretary of State DOCUMENT # F430000 5186 1. Entity Name 05-21-2001 90348 024 ***158.75 CONCORD TACKSONVILLS INSSTORS, INC Principal Place of Business _ _ Mailing Address SACC HEISLEN RO. SACE HEISLEY RA MENTON, OHIO YHOGO MEXICA, OHIO 440CO 768627 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 Not Applicable Zip . Country \$8.75 Additional 5. Certificate of Status Desired - 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CT CompoRETION SYSTEMS Street Address (P.O. Box Number is Not Acceptable) 1700 SOUTH PINS ISLAND RO PLANTATION FI 33524 City 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 DATE (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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (11/00) ☐ Delete ☐ Change Addition TITLE MOYAR, BERT W. 1375 EAST 9th St NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CLEUSLAW, OHIO 44114 ☐ Delete Change Addition TITLE TITLE LAPORT, MARK G. SQUE HELEY RO NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP MEHTO, 6H 44060 TITLE Delete → ~ Change Addition TITLE KARTALIS, ANDREW NAME NAME 5966 HEISLEY RO. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MENTA, OHIO 44060 TITLE ☐ Delete □ Change ☐ Addition ROGERS, LAMES C. 1375 EAST 94 St NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP HILL OTHO WHAT CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition KRANTZ, BYRON S. 1375 EAST 9 th St. NAME NAME STREET ADDRESS STREET ADDRESS

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 fustee 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 an other life empowered.

CITY-ST-7IP

STREET ADDRESS CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

CLEVELAND, OHID 44114

CITY-ST-ZIP

STREET ADORESS

CITY-ST-7IP

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME

Delete

MARK C. LABOR 4/27/01 (440) 701-1000

Change

Addition