2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # F9300005678 May 03, 2000 8:00 am 1. Entity Name Secretary of State RESOURCE MATERIALS CORPORATION 05-03-2000 90143 009 ***150.00 Principal Place of Business Mailing Address 600 HAGERTY DR. P.O. BOX 690 FREMONT OH 43420-0690 FREMONT OH 43420 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 34-1716811 Not Applicable 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 **BURTON, PHILLIP** Street Address (P.O. Box Number is Not Acceptable) 3904 BUILDERS CIR. PLANT CITY FL 33567 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. DATE 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, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. PRESIDENT / DIRECTOR D TITLE TITLE ☐ Delete KERN, THOMAS L NAME NAME STREET ADDRESS STREET ADDRESS 1520 FINEFROCK CITY-ST-ZIP CITY-ST-ZIP FREMONT OH ☐ Change ☐ Addition Delete TITLE KERN, MICHAEL J NAME STREET ADDRESS STREET ADDRESS 1934 CHRISTY ROAD CITY-ST-ZIP CITY-ST-ZIP FREMONT OH ☐ Change Addition ☐ Delete **BURTON, PHILLIP** NAME STREET ADDRESS STREET ADDRESS 25986 W. RIVER RD. CITY-ST-ZIP CITY-ST-ZIP PERRYSBURG OH 43551 ☐ Change ☐ Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE ■ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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 changed, or on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/00 (419)332-7369

Daytime Phone #