2001 UNIFORM BUSINESS REPORT (UBR)

May 16, 2001 8:00 am secretary of State DOCUMENT # F9400002426 1. Entity Name . 05-16-2001 90101 014 ***150.00 ELB-AMERICA, INC. Principal Place of Business Mailing Address 10504 TAVERNAY PKWY 10504 TAVERNAY PKWY CHARLOTTE NC 28262 CHARLOTTE NC 28262 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 06-1370392 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BAUR, THOMAS Street Address (P.O. Box Number is Not Acceptable) %BAUR, MILLER & WEBNER, P.A. 100 N. BISCAYNE BLVD., 21ST FL. **MIAMI FL 33132** Zip Code City 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. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change ☐ Addition ☐ Delete TITLE mohr, Hans 10504 Taver Tavernay Parkway HANS, HOHR NAME NAME STREET ADDRESS STREET ADDRESS **6561 NW 18TH COURT** charlotte, NC CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL ☐ Delete TITLE Addition Hedrick, A. Craiq TITI F HEDRICK, CRAIG NAME NAME 10504 Tavernay STREET ADDRESS 6561 NW 18 COURT STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE FL ☐ Delete TITLE ☐ Addition TITLE DOERR, PETER NAME NAME STREET ADDRESS 6561 NW 18 COURT STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE FL CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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

Alan Crain Hedrick 4/27/01 704503