FILED

2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Apr 28, 2003 8:00 am Secretary of State F95000002463 **DOCUMENT #** 04-28-2003 91315 049 ***150.00 1. Entity Name CISSELL MANUFACTURING COMPANY Principal Place of Business Mailing Address 831 S FIRST ST 831 S 1ST ST SUITE 310 LOUISVILLE KY 40203 LOUISVILLE KY 40203 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number Applied For 61-0991778 Not Applicable Country 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 CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND RD PLANTATION FL 33324 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. I am familiar with, and accept the obligations of registered agent. 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. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. President TITLE ☐ Delete TITLE ★ Addition DECKER, PHYLLIS Jean Marc Vandoane NAME NAMÉ vieustraat 146 831 S 1ST ST STREET ADDRESS STREET ADDRESS LOUISVILLE KY 40203 6-8560, wevelgem, belgium CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME JENSEN, JESPER NAME STREET ADDRESS 'T HOFVELD 6-BLDG. F STREET ADDRESS CITY-ST-7IP 1702 GROOT-BIJAARDEN BE CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME WRAY, VICTOR NAME STREET ADDRESS 401 SOUTH TRYON ST STE 2600 STREET ADDRESS CITY-ST-ZIP **CHARLOTTE NC 28202-1935** CITY-ST-ZIP TITLE ☐ Defete TITLE Change ☐ Addition VOLBAEK, JENSE NAME NAME STREET ADDRESS 4211 PLEASANT RD. STREET ADDRESS CITY - ST- ZIP CITY-ST-ZIP FORT MILLS SC 29708 TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

12. 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 eath; 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 10 or Block 11 if chapted or on an attachment with an address with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY - ST - ZIP