2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # F9600000534 . 1. Entity Name LILLY INDUSTRIES (USA), INC. 00 MAR -9 AM 8:42 Principal Place of Business Mailing Address SECRETARY OF STATE TALLAHASSEE, FLORIDA 733 SOUTH WEST ST. 733 SOUTH WEST ST. INDIANPOLIS IN 46225 INDIANPOLIS IN 46290-1092 2. Principal Place of Business 3. Mailing Address IN RD STREET 200 WEST 103 RD STREWT 200 WEST Suite, Apr. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 35-1965800 NOIANAPOLIS VOIANA IDIANAPOLIS Not Applicable A WALDER \$8.75 Additional 5. Certificate of Status Desired 46290 46290 Fee Required 5. 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) C/O CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324 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, 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

After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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. PCEO Change TITLE Delete TITLE ☐ Addition HUEMME, DOUGLAS W MAME NAME 200 WEST 163 PD STREET STREET ADDRESS 733 SOUTH WEST ST. STREET ADDRESS CITY-ST-ZIP INDIANPOLIS IN 46225 CITY-ST-ZIP Delete TITLE TITLE DORRIS, WILLIAM C 200 WEST 103 PD STREET STREET ADDRESS 733 SOUTH WEST ST. STREET ADDRESS CITY-ST-ZIP INDIANPOLIS IN CLTY-ST-ZIP INDIANAPOUS, IN 46290 TITLE _ Delete THILE ☐ Addition MILLS. KENNETH L NAME NAME 200 WEST 103 RD STREET STREET ADDRESS 733 SOUTH WEST ST. STREET ADDRESS CITY-ST-ZIP INDIANPOLIS IN 46225 CITY-ST-ZIP INDIANAPOLIS, IN 46290 TITLE Delete TITLE ~°2000031716 -03/15<u>/</u>00--01101--025 NAME NAME STREET ADDRESS STREET ADDRESS ****150.00 ****150_00 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete ☐ Change Addition NAME 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. (further early 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 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

/20/00 317-814-8736