**FILED** 

## 2001 UNIFORM BUSINESS REPORT (UBR)

## May 10, 2001 8:00 am Secretary of State DOCUMENT # F9600001833 CONSO INTERNATIONAL CORPORATION 05-10-2001 90202 025 \*\*\*150.00 Principal Place of Business Mailing Address 513 N DUNCAN BYPASS PO BOX 326 652176 UNION SC 29379 UNION SC 29379 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 57-0986680 Not Applicable Zip Country Zip 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 Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD 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 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. 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, 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 (10/00) DCP ☐ Addition ☐ Change TITLE □ Delete TITLE NAME FINDLAY, J CARY NAME STREET ADDRESS 513 N DUNCAN BYPASS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **UNION SC 29379** TITLE DVS ☐ Delete TITLE Change ■ Addition FINDLAY, KONSTANCE J K NAME NAME STREET ADDRESS STREET ADDRESS 513 N DUNCAN BYPASS CITY-ST-ZIP CITY-ST-ZIP **UNION SC 29379** Change TITLE CF0 ☐ Delete TITLE Addition NAME ZONIN, RICHARD A NAME STREET ADDRESS 513 N DUNCAN BYPASS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP **UNION SC 29379** CAO TITLE ☐ Delete TITLE Change ☐ Addition DAVIS, JOHN abbott, leslie NAME NAME STREET ADDRESS STREET ADDRESS 513 N DUNCAN BYPASS CITY-ST-ZIP **UNION SC 29379** CITY-ST-ZIP COOV TITLE ☐ Delete TITLE Change Addition STEWART, WILLIAM M NAME NAME *G*auss, Cal STREET ADDRESS STREET ADDRESS 513 N DUNCAN BYPASS CITY-ST-ZIE CITY-ST-ZIP UNION SC 29379 TITLE ☐ Delete TITLE [ ] Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:



Daytime Phone #