Apr 22, 2002 8:00 am § Secretary of State FILED F96000006264 DOCUMENT # 1. Entity Name 04-22-2002 90253 026 ***150 00 UNITED DIAMOND CORPORATION Principal Place of Business Mailing Address 24 S. RIVER ST. 24 S. RIVER ST. DUDITORD WILKES BARRE PA 18703-1525 WILKES BARRE PA 18703-1525 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 23-2494374 Not Applicable Zip Country Zip 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 Name STRATTON, DOUGLAS D ESQ Street Address (P.O. Box Number is Not Acceptable) 407 LINCOLN RD., #2B MIAMI BEACH FL 33139 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. SIGNATURE 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, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Change Addition TITI E ☐ Delete TITLE NAME ZITOFSKY, JOEL NAME STREET ADDRESS STREET ADDRESS 24 S. RIVER ST. CITY-ST-ZIP CITY-ST-ZIP **WILKES BARRE PA 18703-1525** ☐ Change ☐ Addition TITLE ☐ Delete TITLE D NAME NAME ZITOFSKY, RONNE K STREET ADDRESS STREET ADDRESS 24 S. RIVER ST. CITY-ST-ZIP CITY-ST-ZIP **WILKES BARRE PA 18703-1525** ☐ Addition ☐ Delete TITLE ☐ Change TITLE NAME PATTERSON, SHERRI L STREET ADDRESS STREET ADDRESS 24 S. RIVER ST. CITY-ST-ZIP CITY-ST-ZIP **WILKES BARRE PA 18703-1525** ☐ Change ☐ Addition ☐ Delete TITLE TITLE PSD NAME SHOVAL, Y J STREET ADDRESS STREET ADDRESS 24 S. RIVER ST. CITY-ST-ZIP CITY-ST-ZIP WILKES BARRE PA 18703-1525 ☐ Change ☐ Addition ☐ Defete TITLE TITLE NAME SHOVAL, SUSAN W STREET ADDRESS STREET ADDRESS 24 S. RIVER ST. CITY-ST-ZIP CITY-ST-ZIP WILKES BARRE PA 18703-1525 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME LEZINSKI, WILLIAM M. NAME STREET ADDRESS STREET ADDRESS 24 S RIVER ST CITY-ST-7IP CITY-ST-ZIP **WILKES BARRE PA 18703** 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

SIGNATURE: HE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with an address, with all other like empowered.

Date Daytime Phone #