FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00 FLORIDA DEPARTMENT OF STATE ANNUAL REPORT CORPORATION Sandra B. Mortham 98 MAR 19 PM 3: 36 Secretary of State DIVISION OF CORPORATIONS DOCUMENT # 15 97 (00000) 985 SECRETARY OF STATE TALLAHASSEE, FLORIDA 1. Corporation Name SMITH ENGINES, INC. 300002466823--5 -03/24/98--01084--007 Principal Place of Business Malling Address P.O. Box 668985 \*\*\*\*165.00 \*\*\*\*165.00 CHARLOTTE, NC 28266 3. Date Incorporated or Qualified | 3a. Date of Last Report 2/25/97 2a. Mailing Address 4. FEI Numbe Applied For 2. Principal Place of Business 2303 PREMIER ROW 56-1576428 26 Not Applicable 8.75 Additional Suite, Apt. #, etc. Sulte, Apt. #, etc. 5. Certifloste of Status Desired 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be OKTMOO 28 Trust Fund Contribution Added to Fees Zip 1 32809 Country 8. This corporation has liability for intangible tax under s. 199.032, 28 ORANGE 29 30 Florida Statutes Yes No 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name WILLIAM ROBERTS Street Address (P.O. Box Number is Not Acceptable) 2301 PREMIER ROW # 101 83 ORLANDO, FL 32809 84 City 85 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. TITLE DELETE 1.1 TITLE Change Addition GEORGE R SMITH JR NAME 1.2 NAME STREET ADDRESS 2801 SHARON ROAD 1.3 STREET ADDRESS CHARLOTTE NO CITY - ST - ZIP 1.4 CITY - ST - ZIP TITLE 2.1 TITLE DELETE Change Addition NEIL GORDAN 243 SUNNYWOOD LANE CHARLOTTE N.C. 28270 NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 2.4 CITY - ST - ZIP TITLE 3.1 TITLE DELETE Change Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4 CITY - ST - ZIP TITLE 4.1 TITLE DELETE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY - ST - ZIP TITLE 5.1 TITLE DELETE Addition 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY - ST - ZIP 5.4 CITY - ST - ZIP TITLE 6.1 TITLE DELETE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY - ST - ZIP 6.4 CITY - ST - ZIP I do 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 armus report or supplemental annual 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 of the receiver or trustee empowered to execute this report as required by Chapter 807, Florida Statutes; and that my name appears in Block 12 or Block 13 of changed, or on an attachment with an address. SIGNATURE: Los SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Davtime Phone # Date

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