FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 14, 2002 8:00 am Secretary of State **DOCUMENT #** F97000006440 1. Entity Name 05-14-2002 90544 001 ***317.50 SED MAGNA (MIAMI), INC. Mailing Address Principal Place of Business 4916 NORTH ROYAL ATLANTA DRIVE 4916 NORTH ROYAL ATLANTA DRIVE TUCKER GA 30085 TUCKER GA 30085 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4, FEI Number City & State City & State 65-0813797 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent ---6. Name and Address of Current Registered Agent TONESO CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 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) 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. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. OFFICERS AND DIRECTORS 11. CR2E034 (9/01) Addition Delete TITLE **CCEO** TITLE NAME NAME DIAMOND, GERALD STREET ADDRESS 4916 NORTH ROYAL ATLANTA DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TUCKER GA 30085 Delete TITLE LEUINE, MICHAEL AYERS, LARRY G. 4916 NORTH ROYAL ATLANTA DRIVE STREET ADDRESS STREET ADDRESS 4916 NORTH ROYAL ATLANTA DRIVE CITY-ST-ZIP TUCKER GA BOOSS CITY-ST-ZIP TUCKER GA 30085, ☐ Addition ☐ Change ☐ Delete TITLE TITLE PD NAME NAME DIAMOND, MARK STREET ADDRESS STREET ADDRESS 4916 NORTH ROYAL ATLANTA DRIVE CITY-ST-ZIP CITY-ST-ZIF TUCKER GA 30085 ☐ Addition ☐ Change De'ete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS Inv# CITY-ST-ZIP CITY-ST-ZIP Date ☐ Change ☐ Addition 79487 Ven# ☐ Delete TITLE Acct# STREET ADDRESS NAME Div STREET ADDRESS Dept CITY-ST-ZIP CITY-ST-ZIP Proj ☐ Change ☐ Addition ☐ Delete TITLE TITLE Mdse NAME NAME Tax 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. 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.

4/26/02 770-243-1090
Date Daytime Phone # SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR