2001 UNIFORM BUSINESS REPORT (UBR)

FILED

01 JUL 24 AM 11:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F98000001418

1. Entity Name
U.S. PLASTIC LUMBER, INC. = WORLDWIDE

Principal Place of Business	Mailing Address
2300 GLADES RD., #440W BOCA RATON FL 33431	2300 GLADES RD., #440W BOCA RATON FL 33431

07/17/01-90001-050 $550.00

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-0805250 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ROSETTO, BRUCE C 2300 GLADES RD., #440W BOCA RATON FL 33431	Name: Corporation Service Company Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street City: Tallahassee FL Zip Code: 32301

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 Laura R. Dunlap — Laura R. Dunlap as its agent — 7/24/01

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $550.00
After September 12, 2001 Fee will be $750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	S ☐ Delete	TITLE	P ☐ Change ☒ Addition
NAME	ROSETTO, BRUCE C	NAME	McEvoy, Thomas
STREET ADDRESS	2300 GLADES RD., #440W	STREET ADDRESS	2300 Glades Road, #440W
CITY-ST-ZIP	BOCA RATON FL 33431	CITY-ST-ZIP	Boca Raton, FL 33431
TITLE	T ☐ Delete	TITLE	☐ Change ☐ Addition
NAME	SCHMIDT, MICHAEL D	NAME	
STREET ADDRESS	2300 GLADES RD., #440W	STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33431	CITY-ST-ZIP	
TITLE	P ☒ Delete	TITLE	☐ Change ☐ Addition
NAME	STEPHENS, ANDREW H	NAME	
STREET ADDRESS	2600 W. ROOSEVELT RD	STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60608	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

CR2E034 (5/01)

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: SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #