2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED May 15, 2001 8:00 am Secretary of State DOCUMENT # F9800001645 DAIWA PRODUCTS, INC. 05-15-2001 90197 020 ***150.00 Principal Place of Business Mailing Address 200 E. LAS OLAS BLVD., STE 1480 200 E. LAS OLAS BLVD., STE 1480 00053331 FORT LAUDERDALE FL 33301 FORT LAUDERDALE FL 33301 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0810290 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) 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 12. 11. PCD CR2E034 (10/00) TITLE ☐ Delete TITLE NYMAN, MOAT 200 E LAS OLAS BLUD, SVITE 1480 NYMAN, MORT NAME NAME 200 E. LAS OLAS BLVD., STE 1480 STREET ADDRESS STREET ADDRESS FORT LANDER DALE, FLA 33301 CITY-ST-ZIP FORT LAUDERDALE FL CITY-ST-ZIP VCD ☐ Delete TITLE TITLE NYMAN, MICHAEL 200 E. LAS OLAS BLYD, STE 1480 NYMAN, MICHAEL NAME NAME 200 E. LAS OLAS BLVD., STE 1480 STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP FORT LAUDERDALE FL FURT INVOCIDALE, FL 33301 ☐ Delete TITLE TITLE Change Addition NAME NE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE 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.

AME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

SIGNATURE AND TYPED OR PRINTED