


**FILED**  
**May 01, 2003 8:00 am**  
**Secretary of State**

0674044 FP

<b>DOCUMENT #</b>		<b>F98000001690</b>			
<b>1. Entity Name</b> <b>HAWKHEAD FRICTION, INC.</b>					
<b>Principal Place of Business</b> <b>200 INDUSTRIAL LOOP #158</b> <b>ORANGE PARK FL 32073</b>			<b>Mailing Address</b> <b>200 INDUSTRIAL LOOP #158</b> <b>ORANGE PARK FL 32073</b>		
<b>2. Principal Place of Business</b>			<b>3. Mailing Address</b>		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
<b>6. Name and Address of Current Registered Agent</b>					
<b>ROSS, RUSSELL</b> <b>200 INDUSTRIAL LOOP #158</b> <b>ORANGE PARK FL 32073</b>					<b>Name</b>
					<b>Street Address</b>
					<b>City</b>
					<b>State</b>
<b>8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.</b>					
<b>SIGNATURE</b> _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2003 Fee will be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>					
<b>10. OFFICERS AND DIRECTORS</b>					
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<b>PVC</b> <b>ROSS, RUSSELL</b> <b>200 INDUSTRIAL LOOP #158</b> <b>ORANGE PARK FL 32073</b>		<input type="checkbox"/> Delete	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<b>V</b> <b>DYKSTRA, JOHN O</b> <b>4201 NORTH OCEAN BOULEVARD</b> <b>BOCA RATON FL 33431</b>		<input type="checkbox"/> Delete	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<b>TSD</b> <b>ROSS, CHERYLL</b> <b>200 INDUSTRIAL LOOP #158</b> <b>ORANGE PARK FL 32073</b>		<input type="checkbox"/> Delete	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>				<input type="checkbox"/> Delete	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>				<input type="checkbox"/> Delete	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>				<input type="checkbox"/> Delete	
<b>11.</b>					
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>			
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>		<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>			

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_

Daytime Phone 4

CR2E034 (10/02)