## **FILED** 2001 UNIFORM BUSINESS REPORT (UBR) May 15, 2001 8:00 am Secretary of State DOCUMENT # F98000002621 1. Entity Name 05-15-2001 90181 045 \*\*\*150.00 INDAIR, INC. Principal Place of Business Mailing Address 124 FASTENER DRIVE P.O. BOX 10518 C0065955 LYNCHBURG VA 24502 LYNCHBURG VA 24506 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 54-1021145 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS ☐ Addition PCD TITLE ☐ Change TITLE ☐ Delete CARTER, JACK E NAME STREET ADDRESS STREET ADDRESS 124 FASTENER DRIVE CITY-ST-ZIP CITY-ST-ZIP LYNCHBURG VA ☐ Addition Change ☐ Delete TITLE TITLE WOLF, JEFFREY S NAME STREET ADDRESS 124 FASTENER DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LYNCHBURG VA ☐ Change Addition ☐ Delete TITLE TITLE RAYMOND, GEORGE F NAME NAME STREET ADDRESS 124 FASTENER DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LYNCHBURG VA ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change

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.

NAME

STREET ADDRESS

CITY-ST-ZIP

long F Naymond GEONGE F. RAYMOND IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

NAME

STREET ADDRESS

CITY-ST-7IP

804-525-0319

CR2E034 (10/00)