2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

Mar 15, 2004 8:00 am Secretary of State DOCUMENT # F9800003267 03-15-2004 90056 006 ***150.00 1. Entity Name M.C. MILLER CO. Principal Place of Business Mailing Address 2024 MACOPIN ROAD 2024 MACOPIN ROAD ATTN: ROBERT J. RIEGLER ATTN: ROBERT J. RIEGLER WEST MILFORD, NJ 07480 WEST MILFORD, NJ 07480 3020 AVIATION BLVD 3020 AVIATION BLVD Suite, Apt. #, etc. Suite, Apt. #, etc. 03102004 CR2E034 (10/03) Chg-P City & State City & State 4. FEI Number Applied For 22-1777475 VERO BEACH Not Applicable VERO BEACH FLCountry Country \$8.75 Additional 5. Certificate of Status Desired 32960 USA Fee Required USA 32960 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MILLER, MARK Street Address (P.O. Box Number is Not Acceptable) 3020 AVIATION BLVD. VERO BEACH, FL 32960 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE. (NOTE: Registered Agent signature required when reinstating 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. CP TITLE Addition ☐ Change TITLE ☐ Delete NAME MILLER, MELVIN C II NAME STREET ADDRESS STREET ADDRESS 3020 AVIATION BLVD. CITY-ST-ZIP VERO BEACH, FL 32960 CITY-ST-ZIP TITLE ☐ Change Addition TITLE Delete MILLER, MAURIE NAME NAME STREET ADDRESS 3020 AVIATION BLVD STREET ADDRESS CITY-ST-ZIP VERO BEACH, FL 32960 CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE HILBERTS, ALBERT NAME NAME 3020 AVIATION BLVD STREET ADDRESS STREET ADDRESS CITY - ST- ZIP VERO BEACH, FL 32960 CITY-ST-ZIP ☐ Delete TITLE ☐ Addition TITLE ☐ Change DECKER, STEPHANIE NAME 3020 AVIATION BLVD STREET ADDRESS STREET ADDRESS VERO BEACH, FL 32960 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME 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-ZiP 12. I hereby certify that the information supplied with this filling 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. Stephanic Defice L

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