2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 05, 2001 8:00 am Secretary of State DOCUMENT # F9800003571 1. Entity Name MOLL INDUSTRIES, INC. 04-05-2001 90022 050 ***150.00 Principal Place of Business Mailing Address 2607 KINGSTON PIKE 2607 KINGSTON PIKE STE 200 STE 200 KNOXVILLE TN 37919 KNOXVILLE TN 37919 2. Principal Place of Business 3. Mailing Address 2100 SW 71st Terrace 1571 Heil Quaker Bovd Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 04-3084238 Not Applicable LaVergne, TN Davie, FL Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required _USA___ 3331-7-~37086~ USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code FL 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 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. XX Change ☐ Addition TITLE CTAS Delete TITI F NAME NAME votis, george t STREET ADDRESS STREET ADDRESS 2607 KINGSTON PIKE ST E200 2100 SW 71st Terrace CITY-ST-ZIP CITY-ST-ZIP KNOXVILLE TN 37919 Davie, FL 33317 ☐ Addition xx Change ☐ Delete TITLE TITLE RED, MICHAEL NAME NAME KED, MICHAEL 2100 SW 71st Terrace STREET ADDRESS STREET ADDRESS 2607 KINGSTON PIKE STE 200 CITY_ST_ZIP___ CITY-ST-ZIP Davie, FL 33317 KNOXVILLE:TN:37919 XX Addition TITLE ☐ Change XX Delete TITI F SCF0 **SCFO** NAME NAME BEST, PHYLLIS William W. Teeple STREET ADDRESS STREET ADDRESS 2607 KINGSTON PIKE STE 200 2100 SW 71st Terrace CITY-ST-ZIP CITY-ST-ZIP KNOXVILLE TN 37919 Davie, FL 33317 XX Change ☐ Addition TITLE ☐ Delete TITLE A\$ NAME VOTIS, ERNIE T NAME 2100 SW 71st Terrace STREET ADDRESS STREET ADDRESS 2607 KINGSTON PIKE STE 200 Davie, FL 33317 CITY-ST-ZIP CITY-ST-ZIP KNOXVILLE TN 37919 XX Change Addition TITLE ☐ Delete PAS TITLE NAME SCHIELE, CHARLES NAME 2100 BW 71st Terrace STREET ADDRESS STREET ADORESS 2607 KINGSTON PIKE STE 200 CITY-ST-ZIP Davie, FL 33317 CITY-ST-ZIP KNOXVILLE TN 37919 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if chapted or on an attachment with an address with all other like employered.

SIGNATURE:

changed, or on an attachment with an address

AND SECTION OF SECTION OF DIRECTOR

with all other like empowered.