2001 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 18, 2001 8:00 am Secretary of State DOCUMENT # F98000004065 NORTH STAR FOODSERVICE EQUIPMENT AND DESIGN, INC. 01-18-2001 90015 005 ***150.00 Principal Place of Business Mailing Address 9130 S.W. PIONEER COURT 9130 S.W. PIONEER COURT WILSONVILLE OR 97070 WILSONVILLE OR 97070 **UUUUU4U04** 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 93-0913378 Not Applicable 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, 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 11, 12. 22151 S.W. Antiach Downs Court TITLE ☐ Delete TITI F CR2E034 (10/00 WEINBERG, MURRAY D NAME STREET ADDRESS 31150 S.W. COUNTRY VIEW LOOP STREET ADDRESS Tualatin OR 97062 CITY-ST-ZIP CITY-ST-ZIP WILSONVILLE OR Address change only: TITLE ☐ Delete TITLE Change ☐ Addition 22151 S.W. Antioch Downs Court WEINBERG, SANDY L NAME NAME STREET ADDRESS 31150 S.W. COUNTRY VIEW LOOP STREET ADDRESS Tualatin, OR 97062 CITY-ST-ZIP WILSONVILLE OR CITY-ST-7/P TITLE Detete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition NAME NAME

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 attacty/hent with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

Sandy L. Weinberg, Sec 4 Treas 1/8/01 (503)682-1301 SIGNATURE: