2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # F98000007022 Mar 15, 2000 8:00 am **Secretary of State** ALPINE INDUSTRIAL INCORPORATED 03-15-2000 90130 036 ***150.00 Mailing Address Principal Place of Business 261 MAIN ST PO BOX 270 OXFORD MA 01540-0270 OXFORD MA 01550 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State Applied For 4. FEI Number 04-3348727 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 01540 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WEAVER, GREGORY H Street Address (P.O. Box Number is Not Acceptable) 5100 110TH AVE N. CLEARWATER FL 33760 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) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. Change ☐ Addition CP Delete TITLE TITLE NAME NAME SCHWEITZER, HENRY STREET ADDRESS STREET ADDRESS 33 DEER HILL RD CITY-ST-ZIP CITY-ST-ZIP **GARDNER MA 01440** ☐ Addition Change TITLE VC ☐ Delete TITLE NAME GLODE, JOHN NAME STREET ADDRESS STREET ADDRESS 20 HOWLAND LANE CITY-ST-ZIP CITY-ST-ZIP EAST SANDWICH MA 02537 ____ Delete Change ☐ Addition TITI F TITLE NAME PARENT, MARK NAME STREET ADDRESS STREET ADDRESS 23 ALYSSUM DR CITY-ST-ZIP CITY-ST-ZIP AMHERST MA 01002 Secretary Change Addition **▼** Delete TITLE Steve Graham NAME MCCONNELL, PETER NAME 289 Great Road STREET ADDRESS STREET ADDRESS 235 IDUNA LANE CITY-ST-ZIP ACTON, MA 01720 CITY-ST-ZIP AMHERST MA 01002 General Manager / Director Change M Addition TITLE ☐ Delete TITLE NAME Thomas Octonnor NAME 189 Oxford Road STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Dudley, MA 01571 Addition Controller / Director TITLE TITLE □ Delete NAME famela Johnson 5 Thayer fond Dr. "5 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP North Oxford, MA 01537 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 of trusted 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.

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR