2000 UNIFORM BUSINESS REPORT (UBR)

Feb 07, 2000 8:00 am Secretary of State DOCUMENT # F99000000288 02-07-2000 90055 040 ***150.00 LINATEX CORPORATION OF AMERICA Principal Place of Business Mailing Address - AIRPORT ROAD 1550 AIRPORT ROAD 00015811 " ATIAL TN 37066 **GALLATIN TN 37066-3739** 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 06-1072927 Not Applicable Zip Country Zip \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent GIANATO, JOHN Street Address (P.O. Box Number is Not Acceptable) 302 THIRD ST. STE, 1 **NEPTUNE BEACH FL 32266** 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 Signature, typed or printed name of registered agent and title if applicable DATE (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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. \Box Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Vice-President Global DK.OF X Addition TITLE Change TITLE Delete PEAKE, ALAN Process Technologies NAME NAME WILKINSON HOUSE BLACKBUSHE BUSINESS CENTER STREET ADDRESS STREET ADDRESS Peter Hall 1550 Airport Rd., Gallatin, TN YATELEY CAMBERLEY GU17 7GE CITY-ST-ZIP CITY-ST-ZIP Addition TITLE TITLE ☐ Delete BAROCAS, MARK NAME NAME STREET ADDRESS 2374 POST ROAD STREET ADDRESS CITY-ST-ZIP+ CITY-ST-ZIP WARWICK RI 42886 ☐ Change Addition ☐ Delete TITLE TITLE ROCHE, BRIAN J NAME NAME 1550 AIRPORT ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP GALLATIN TN 37066 CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 truefee 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.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR MIRECTOR

1/25/80

615-230-2113

FILED