2001 UNIFORM BUSINESS REPORT (UBR) FILED Jan 25, 2001 08:00 AM DOCUMENT # F9900001053 Entity Name **Secretary of State** LIGHTING & LAMP WHOLESALERS, INC. Principal Place of Business Mailing Address 516 SOUTH 32ND STREET PO BOX 12103 BIRMINGHAM BIRMINGHAM AL AL352333594 352022103 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 63-0513321 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CAPITAL CONNECTION, INC. 417 EAST VIRGINIA ST., STE 1 Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL32301 US 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. 01/25/2001 SIGNATURE Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 SD TITLE X Delete CR2E034 (11/00) TITLE ☐ Addition CALHOIN MAME CHARLES NAME 2146 WOODLEDGE DRIVE STREET ADDRESS STREET ADDRESS BIRMINGHAM CITY-ST-ZIP ALCITY-ST-ZIP VT☐ Delete TITLE X Change ☐ Addition NAME CALHOUN RANDALL NAME CALHOUN RANDALL STREET ADDRESS 1190 WILDERNESS DRIVE STREET ADDRESS 1190 WILDERNESS DRIVE CITY-ST-ZIP CROPWELL ALCITY-ST-ZIP CROPWELL \mathbf{AL} ☐ Delete TITLE X Change ☐ Addition WRIGHT RUTH NAME WRIGHT RUTH STREET ADDRESS 809 WILLOW OAK DRIVE STREET ADDRESS 809 WILLOW OAK DRIVE CITY-ST-ZIP BIRMINGHAM ALCITY-ST-ZIP BIRMINGHAM AΙ ☐ Delete TITLE CDS **X** Change ☐ Addition PATRICIA BURKS NAME BURKS PATRICIA STREET ADDRESS 809 WILLOW OAK DRIVE STREET ADDRESS 809 WILLOW OAK DRIVE CITY-ST-ZIP BIRMINGHAM ALCITY-ST-ZIP BIRMINGHAM ALTITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition 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 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: DOUGLAS MCPHERSON T 01/25/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayline Phone #

JAMES R. BURKS, DIRECTOR 809 WILLOW OAK DR

BIRMINGHAM, AL

DOUGLAS MCPHERSON, TREASURER 5225 SKYLINE DR

WARRIOR, AL 35180