FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 12, 2002 8:00 am Secretary of State

DOCUMENT # FOR MODE 1925 1. Entity Name PD1 Supply INC.			05-12-2002 90612 045 ***150.00	
PDI Supply INC.				
DO NOT WRITE	IN THIS SE			
2. Principal Place of Business 4D Mon(0)e St. Suite, Apt. #, etc.	3. Mailing Address Lol Monrole St. Suite, Apt. #, etc.		DO NOT WRI	TE IN THIS SPACE
Bellevue, OH	Bellevue,	0H	4. FEI Number	Applied For Not Applicable
219. 4811 Country	44811	Country	Certificate of Status Desired Name and Address of Current	\$8.75 Additional Fee Required
DO NOT WI	Street Address 1200 City Pig A	(P.O. Box Number is Not Acceptable) South Pine 15	System Sland Road FL 22271	
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 too if applicable (NOTE: Registered Agent signature required when reinstating) DATE				
Tax filing requirement and elects to do so. (See criteria on back) After May 1 Amended Make Check Payable		y 1 Fee is \$150.00 , Fee is \$550.00 UBR is \$61.25 e to Department of Sta	10. Election Campaign Fine Trust Fund Contribution	
11. OFFICERS AND D TITLE NAME STREET ADDRESS CITY-SI-ZIP DAI 105, TX 75248		TITLE NAME STREET ADDRESS CITY-ST-ZIP		CR2E034B (12/01)
NAME STREET ADDRESS CITY-ST-ZIP TITLE PCOO SCHWOLTZ, MICHAEL G- WILLIAM RINGE STREET ADDRESS UHOS AUTUMN RINGE TITLE TITLE TITLE PCOO SCHWOLTZ, MICHAEL G- WILLIAM RINGE TOTAL STREET ADDRESS UHOS AUTUMN RINGE TOTAL STREET ADDRESS TOTAL S		TITLE NAME STREET ADDRESS CITY-ST-ZIP		CH2E0
NAME STREET ALDRESS CITY-ST-ZIP TITLE BOAT, PUSSEII D RICHARDS RICHARDS TITLE BOAT, PUSSEII D RICHARDS TITLE BOAT, PUSSEII D RICHARDS TY		TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	DO NOT \	
NAME STREET ADDRESS CITY-ST-ZIP RCHC/CSON, TX 75080 TITLE		NAME STREET ADDRESS CITY-ST-ZIP TITLE	IN THIS S	PACE
NAME STREET ADDRESS 2,00 LAKE PEAK BIVE CITY-ST-ZIP RICHARDSON, TX 75080 TITLE		NAME STREET ADDRESS CITY-ST-ZIP TITLE		
NAME STREET ADDRESS CITY-ST. ZIP RICHARDS TX 75080 13. Thereby certify that the information supplied with this filling does not qualify for the indicated on this report or supplemental report is true and accurate and that my s		NAME STREET ADDRESS CITY-ST-ZIP	tion 119.07(3)(i), Florida Statutes 1 fi	uther certify that the information
of the corporation or the receiver or trustee empow attachment with an address, with all other like empowers. SIGNATURE:	arod ta avacuta this ranget as	ime legal effect as if made under gai 7. Florida Statutes; and that my name	th; that I am an officer or director e appears in Block 11 or on an	
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