2000 UNIFORM BUSINESS REPORT (UBR)

FILED Aug 15, 2000 8:00 am Secretary of State DOCUMENT # F99000003329 1. Entity Name STAINLESS USA HOLDING, INC. 08-15-2000 90003 042 ***550.00 Principal Place of Business Mailing Address ONE STAINLESS PLAZA ONE STAINLESS PLAZA DEERFIELD BEACH FL 33441-4798 DEERFIELD BEACH FL 33441-4798 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0958228 Not Applicable Zip Country 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 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 \$550.00 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 SEPTEMBER 13, 2000 Min. will be \$750.00 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. CP Addition TITLE TITLE President ☐ Change ☐ Delete NAME OTT, HANS J NAME Umphlette, Edward STREET ADDRESS STREET ADDRESS ONE STAINLESS PLAZA One Stainless Plaza CITY-ST-ZIP CITY-ST-ZIP DEERFIELD BEACH FL 33441-4798 Deerfield Beach, FL <u> 33441-4798</u> Addition TITLE Delete TITLE NAME SCHNEIDER, DANIEL H NAME Kassab, Robert STREET ADDRESS STREET ADDRESS ONE STAINLESS PLAZA One Stainless Plaza CITY-ST-ZIP CITY-ST-7IP 33441-4798 DEERFIELD BEACH FL 33441-4798 Deerfield Beach, FL TITLE ☐ Delete TITLE □ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE 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.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ Delete

☐ Change

☐ Addition