2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # G41588 May 15, 2000 8:00 am 1. Entity Name CHEMCON CORP. Secretary of State 05-15-2000 90289 001 ***158.75 Mailing Address Principal Place of Business 10100 ROCKET BLVD 10100 ROCKET BLVD ORLANDO FL 32824-8565 ORLANDO FL 32824 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 31-1017466 Not Applicable Country \$8.75 Additional Zip Country X 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KELECY, RICHARD T. SULLIVAN, PATRICK M Street Address (P.O. Box Number is Not Acceptable) 6105 MASTRES BLVD ORLANDO FL 32819 1940 NW 67TH PLACE Zip Code 32653 **GAINESVILLE** 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. 04/26/00 RICHARD T. KELECY, VP nd title if applicable (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 Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 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 12. 11. **₹** Addition PD ☐ Change TITLE **I** Delete CENTOFANTI, LOUIS F. SULLIVAN, THOMAS P NAME NAME 3406 DAKCLIFF ROAD, SUITE DI STREET ADDRESS 1021 HARVARD RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **GROSSE POINTE PK,M100000** ATLANTA, GA Change **Addition** Delete TITLE TITLE SULLIVAN, PATRICK M NAME KELECY, RICHARD T. NAME 6105 MASTERS BLVD STREET ADDRESS STREET ADDRESS 1940 NW 67TH PLACE, SUITE A CITY-ST-7IP CITY-ST-ZIP ORLANDO FL 32819 GAINESVILLE, FL 32653 - E-Change **Addition** ☐ Delete TITLE TITLE NAME RANDALL, ROGER NAME STREET ADDRESS STREET ADDRESS 300 S. WEST END AVENUE CITY-ST-ZIP CITY-ST-ZIP DAYTON, OH 45427 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SY-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition Change ☐ Delete TITLE TITLE

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

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME SIGNING OFFICER OF DIRECTOR

RICHARD T. KELECY

04/26/00