2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# H05938

Entity Name: WADE-TRIM, INC.

FILED Apr 29, 2003 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 4919 MEMORIAL HWY 200 TAMPA, FL 33634 **New Mailing Address: Current Mailing Address:** 4919 MEMORIAL HWY STE 200 TAMPA, FL 33634 US FEI Number: 59-2417170 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: TRIMM, JEFFREY D 4919 MEMORIAL HWY TAMPA, FL 33634 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition DOUGLAS M. WATSON, Name: Name: 4919 MEMORIAL HWY Address: Address: City-St-Zip: TAMPA FL City-St-Zip: Title: Title: () Delete () Change () Addition TRIM, JEFFREY Name: Name: 4919 MEMORIAL HWY Address: Address: TAMPA, FL City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition DOUGLAS R. DAIL, Name: Name: 4919 MEMORIAL HWY Address: Address: City-St-Zip: TAMPA, FL City-St-Zip: Title: () Delete Title: () Change () Addition GILDERSLEEVE, DAVID, B. Name: Name: Address: 4919 MEMORIAL HWY Address: City-St-Zip: TAMPA, FL City-St-Zip: Title: TD Title: () Delete () Change () Addition ZDYRSKI, DONALD E Name: Name: 25251 NORTHLINE ROAD Address: Address: City-St-Zip: TAYLOR, MI 48180 City-St-Zip: Title: () Delete Title: () Change () Addition TYMOWSKI, FRANK Name: Name: 25251 NORTHLINE RD Address: Address: City-St-Zip: City-St-Zip: TAYLOR, MI 48180

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DONALD ZDYRSKI TD 04/29/2003

MIKE ROBERTO VICE PRESIDENT 4919 MEMORIAL HWY TAMPA, FL 33634

BRAD CORNELIUS VICE PRESIDENT 4919 MEMORIAL HWY TAMPA,, FL 33634

DEREK GIL VICE PRESIDENT 4919 MEMORIAL HWY TAMPA, FL 33634