200% UNIFORM BUSINESS REPORT (UBR)

FILED Apr 17, 2001 8:00 am Secretary of State **DOCUMENT # H33101** 1. Entity Name NORTH AMERICAN BICYCLE CO., INC. 04-17-2001 90111 009 ***150.00 Principal Place of Business Mailing Address ATTN: MARC A REUSCH ATTN: MARC A REUSCH 1110 W JEFFERSON ST 1110 W JEFFERSON ST The state of the s BROOKSVILLE FL 34601-1418 BROOKSVILLE FL 34601-1418 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2523765 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required -7. Name and Address of New Registered Agent .-6. Name and Address of Current Registered Agent Name REUSCH, MARC A Street Address (P.O. Box Number is Not Acceptable) 1110 W JEFFERSON ST BROOKSVILLE FL 34601-1418 Zip Code City 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 DATE (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 After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 **PST** Delete TITLE TITLE REUSCH, MARC A NAME NAME STREET ADDRESS STREET ADDRESS 1110 W JEFFERSON ST CITY-ST-ZIP CITY-ST-ZIP **BROOKSVILLE FL** ☐ Addition TITLE ☐ Delete TITLE ☐ Change REUSCH, MARC A NAME NAME STREET ADDRESS 1110 W JEFFERSON ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **BROOKSVILLE FL** ____ Change - Addition TITLE ☐ Delete TITE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE TITLE □ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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

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MARC A. REUSCH MARC A
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR