2000 UNIFORM BUSINESS REPORT (UBR) FILED **DOCUMENT # H49405** May 30, 2000 8:00 am Secretary of State R & J SERVICE COMPANY, INC. 05-30-2000 90070 009 ***150.00 Principal Place of Business Mailing Address 2254 WHITE PINES LANE PO BOX 817 ASHEBORO NC 27204-0817 ASHEBORO NC 27204 lus 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 59-2507760 Not Applicable Greenstoro Country **\$8.75** Additional Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name JUDAH, VIRGIL A. Street Address (P.O. Box Number is Not Acceptable) 3949 EVANS AVE SUITE 301 FORT MYERS FL 33901 Zip Code 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 \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 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. DPT ☐ Addition 🗷 Delete TITLE TITLE Douglas m Lang 8 Leeward Court NAME THALER, JAMES R. STREET ADDRESS STREET ADDRESS 724 WASHINGTON AVE. CITY-ST-ZIP GREANS boro, NC 27455 CITY-ST-ZIP **ELYRIA OH** Change Change ☐ Addition Delete TITLE Anne T. LAng THALER, JOYCE NAME & Leew. Ard Court STREET ADDRESS STREET ADDRESS 224 WASHINGTON AVE. Greensboro, NC 27455 CITY-ST-ZIP ELYRIA OH DST Delete TITLE Addition: TITLE NAME PEPPER, EUNICE J. NAME STREET ADDRESS STREET ADDRESS P. O. BOX 817 N/A CITY-ST-7IP CITY-ST-ZIP ASHEBORO NC ☐ Delete Change ☐ Addition TIT1 E NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS

I hereby certify that the information supplied with this filling 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.

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-7IP

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR