SIGNATURE:

FILED Feb 28, 2004 08:00 AM

	ANNOAL	VELAIVI	- -	. T. S. Sanda	Comptant of Ctata	
DOCUMENT # J05090					Secretary of State	
1. Entity Name SPAULDING TOOL & MOLD CO., INC.						
SPAULDI	NG TOOL & MOLD CO., INC					
Principal Place	e of Business	Mailing Address				
379 E. DOUG B	SLAS RD.	379 E. DOUGLAS RD. B				
OLDSMAR, FL	L 34677 US	OLDSMAR, FL 34677 US		r apprelia (fili) harre d	FIICS MAINM NACH MART MINTE MINTE MENT MINTE MENT MINTE MINTE	
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	A MATHEMET	IN THE OBA	~ p=	01202004 No Chg-P CR2E034 (10/03)		
DO NOT WRITE IN THIS SPACE			UE	4. FEI Number	Applied For	
				59-264967	\$9.75 Additional	
			· · · · · · · · · · · · · · · · · · ·	5. Certificate of Sta	itos Desireu Lj	
	6. Name and Address of Current Re	gistered Agent	<u></u>			
	NG, ROBERT G., JR.			DO N	OT WRITE	
379 E. DOUGLAS ROAD, B. OLDSMAR, FL 34677			IN THIS SPACE			
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····						
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. I am familiar with, and accept the obligations of registered agent.						
2-11-54						
SIGNATURE	Signature, typed or printed happy of registered agent and	title if applicable. (NOTE, Registers	ed Agent signature require	d when reinstaling)	DATE	
	E NOWW. PEE 10 \$450.00	9. Election Campaign Final	noing \$5	.00 May Be		
After M	E NOW!!! FEE IS \$150.00 ay 1, 2004 Fee will be \$550.00			led to Fees	U0A0AAA70786 3201/04-80049-021_15 0.00	
10.	OFFICERS AND D	RECTORS	TANK MANAGEMENTAL STATES	A ME A LEGS. Au-		
TITLE	PST SPAULDING, ROBERT G.,JR.					
NAME Street address	2399 MADRID AVENUE		İ			
CITY-ST-ZIP	SAFETY HARBOR, FL	<u> </u>				
TITLE NAME						
STREET ADDRESS						
CITY-ST-ZIP						
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CITY-ST-ZIP			· <u> </u>	<u></u>		
12. I hereby indicated	certify that the information supplied with t d on this report or supplemental report is I	his filing does not qualify for the ex- rue and accurate and that my signs	emption stated in S ature shall have the	ection 119.07(3)(i), Flo same legal effect as	orida Statutes. I further certify that the information if made under oath; that I am an officer or director	
of the co changed	rporation or the receiver or trustee empoy i, or on an attachment with amaddress, w	vered to execute this report as requ th all other like empoyered.	ired by Chapter 60	7, Florida Statutes, an	d that my name appears in Block 10 or Block 11 if	
12. 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 10 or Block 11 if changed, or on an attachment with smaddless, with at other like empowered.						