2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # J26235** Apr 11, 2000 8:00 am Secretary of State AMERITREND CORPORATION 04-11-2000 90167 026 ***150.00 Principal Place of Business Mailing Address 11201 DANKA CIRCLE N 11201 DANKA CIRCLE N. TAX DEPARTMENT ST. PETERSBURG FL 33716 ST. PETERSBURG FL 33716-3712 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. City & State Applied For City & State 4. FEI Number 59-2700746 Not Applicable Country Zip Country Zip \$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 C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 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 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, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) X Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change TITLE TITLE ☐ Delete NAME NAME SWITZER, LARRY K STREET ADDRESS STREET ADDRESS 11201 DANKA CIRCLE N. CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL 33716 Change ☐ Addition TITLE __ Delete TITLE NAME NAME MERRIMAN, BRIAN L STREET ADDRESS STREET ADDRESS 11201 DANKA CIRCLE N. CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL 33716 ☐ Addition - Change TITLE SVD ☐ Delete TITLE NAME BERG, DAVID P NAME STREET ADDRESS STREET ADDRESS 11201 DANKA CIRCLE NORTH CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL 33716 Change ☐ Addition VD ☐ Delete TITLE TITLE NAME WOLFINGER, F. MARK NAME WOLFINGER, F M STREET ADDRESS STREET ADDRESS 11201 DANKA CIRCLE NORTH CITY-ST-ZiP CITY-ST-ZIP ST. PETERSBURG FL 33716 Change ☐ Addition ☐ Delete TITLE TITLE BERRY, L. JEAN NAME NAME BERRY, L J STREET ADDRESS STREET ADDRESS 11201 DANKA CIRCLE N. CITY-ST-ZIP CITY-ST-ZIP ST. PETERSBURG FL 33716 Change ☐ Delete TITLE ☐ Addition TITLE AMBLARD, MICHEL NAME STREET ADDRESS STREET ADDRESS 11201 DANKA CIRCLE N CITY-ST-ZIP CITY-ST-ZIP SAINT PETERSBURG FL 33716

13. 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

L. JEAN BERRY

3-29-00

(727) 568-426

Daytime Phone #