2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 26, 2001 8:00 am Secretary of State DOCUMENT # **J58958** 1. Entity Name MTW PROPERTIES, INC. 04-26-2001 90329 049 ***158.75 Principal Place of Business Mailing Address 475 FLORA CREEK CT 280 N OLD WOODWARD LAKE MARY FL 32746 STE 406 60038151 US BIRMINGHAM MI 48009 2. Principal Place of Business 3. Mailing Address SHORELINE CIR Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 31-1205576 ANFORM Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired EMINOLE Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name WEIZMAN, HANAN Street Address (P.O. Box Number is Not Acceptable) 475 FLORA CREEK CT -- LAKE MARY FL 32746 SHORELINE CIRCLE ヹゔ゚゚ゔ゚゚゚゚ヿヿ゚ 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 the if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Change Delete THE WEIZMAN, HANAN NAME NAME STREET ADDRESS 475 FLORA CREEK CT STREET ADDRESS CITY-ST-ZIP LAKE MARY FL 32746 CITY-ST-ZIP TITLE ☐ Delete TITLE Addition SERLING, MICHAEL NAME NAME STREET ADDRESS 280 N OLD WOODWARD STE 406 STREET ADDRESS CITY-S1-ZIP BIRMINGHAM MI 48009 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition GOULAS, THOMAS NAME NAME STREET ADDRESS 31005 ORCHARD LAKE RD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FARMINGTON HILLS MI TITLE ☐ Defete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 of trustee empowers to be executed 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 attachmen empowered.

FICER OR DIRECTOR

SIGNATURE: