| 2000 UNIFORM BUSINESS REPORT (UBR)<br>DOCUMENT # K46132<br>1. Entity Name<br>MANATECH PLASTICS, INC. |                                                                                                                                                                                              |                                                               |                         |                                                    | FILED<br>Apr 27, 2000 8:00 am<br>Secretary of State<br>04-27-2000 90084 013 ***150.00 |                                               |                                        |                                |  |
|------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|-------------------------|----------------------------------------------------|---------------------------------------------------------------------------------------|-----------------------------------------------|----------------------------------------|--------------------------------|--|
| Principal Place of Business Mailing Address                                                          |                                                                                                                                                                                              |                                                               |                         |                                                    |                                                                                       |                                               |                                        |                                |  |
| 6456 PARKLAND DR.<br>SARASOTA FL 34243                                                               |                                                                                                                                                                                              | 6456 PARKLAND DR.<br>SARASOTA FL 34243-4036                   |                         |                                                    |                                                                                       |                                               |                                        |                                |  |
| 2. Principal Place of Business                                                                       |                                                                                                                                                                                              | 3. Mailing Address                                            |                         |                                                    | DO NOT WRITE IN THIS SPACE                                                            |                                               |                                        |                                |  |
| Suite, Apt. #, etc.                                                                                  |                                                                                                                                                                                              | Suite, Apt. #, etc.                                           |                         |                                                    |                                                                                       |                                               |                                        |                                |  |
| City & State                                                                                         |                                                                                                                                                                                              | City & State                                                  |                         | 4. FEI Number                                      | 65-0081338                                                                            |                                               | oplied For<br>ot Applicable            |                                |  |
| Zip                                                                                                  | Country                                                                                                                                                                                      | Zip Country                                                   |                         | ,                                                  | 5. Certificate of                                                                     | Status Desired                                | \$8.75 Add                             | ditional                       |  |
|                                                                                                      | 6. Name and Address of Current R                                                                                                                                                             | egistered Agent                                               |                         |                                                    | 7. Name and A                                                                         | ddress of New Register                        | •                                      |                                |  |
| Name                                                                                                 |                                                                                                                                                                                              |                                                               |                         |                                                    |                                                                                       |                                               |                                        |                                |  |
| HAZZARD, JR. R<br>- <del>1786 SOUTH CREEK DRIVE</del>                                                |                                                                                                                                                                                              |                                                               |                         | Street Address (P.O. Box Number is Not Acceptable) |                                                                                       |                                               |                                        |                                |  |
| OSP                                                                                                  |                                                                                                                                                                                              |                                                               | 4512                    | Asco                                               | + Circle                                                                              | 500                                           | 14                                     |                                |  |
|                                                                                                      |                                                                                                                                                                                              |                                                               | -                       | City Saca                                          | Sarasota FL 210, Code 235                                                             |                                               |                                        |                                |  |
| 8. The above                                                                                         | named entity submits this statement for t                                                                                                                                                    | he purpose of changing its r                                  | egistered               |                                                    |                                                                                       | in the State of Florida.                      |                                        |                                |  |
| SIGNATURE .                                                                                          | Signature, typed or printed name of registered agent and                                                                                                                                     | d tyte if applicable. (NOTE:                                  | Registered A            | gent signature required                            | when reinstating)                                                                     | DAT                                           | ',, · `::                              | te dan se                      |  |
| 9. This corpo                                                                                        | pration is eligible to satisfy its Intangible                                                                                                                                                | FILE NOW!!                                                    | FEE IS                  | \$150.00                                           |                                                                                       |                                               |                                        |                                |  |
| Tax filing requirement and elects to do so. After MAY 1, 1   (See criteria on back) Make Check Pay   |                                                                                                                                                                                              |                                                               | 0 Fee wi<br>e to Dep    | ll be \$550.00                                     | te Trust                                                                              | ion Campaign Financing-<br>Fund Contribution. | Addeo                                  | 0 May Be-                      |  |
| 11.                                                                                                  | OFFICERS AND D                                                                                                                                                                               |                                                               | 12.<br>TITLE            |                                                    |                                                                                       | HANGES TO OFFICERS A                          |                                        |                                |  |
| NAME<br>STREET ADDRESS                                                                               | HAZZARD, ROBERT C., JR.<br>17 <del>88 SOUTH CREEK DR</del> IVE                                                                                                                               |                                                               | NAME                    | ADDRESS 4                                          | SIZ ASO                                                                               | eot Circle Se                                 | wth                                    |                                |  |
| CITY-ST-ZIP                                                                                          | OSPREY FL-34229                                                                                                                                                                              |                                                               | CITY-ST                 | r-zip <b>5a</b>                                    | rasota                                                                                | , FC                                          |                                        | Addition                       |  |
| TITLE<br>NAME<br>STREET ADDRESS                                                                      | d<br>Willis, Mary M.<br>1 <del>786 South Creek Driv</del> e                                                                                                                                  | Delete                                                        | TITLE<br>NAME           | ADDRESS 4                                          | 512 ASC                                                                               | , Fr<br>of Creck -                            | orta                                   | Addition (                     |  |
| .CITY_SI_ZIP                                                                                         | -OSPREY EL 34229                                                                                                                                                                             | <del></del>                                                   | CITY-SI                 | ZIP                                                | rasota                                                                                | JEL 3                                         | 4235                                   |                                |  |
| TITLE<br>NAME<br>STREET ADDRESS                                                                      |                                                                                                                                                                                              | Delete                                                        | TITLE<br>NAME<br>STREET | ADDRESS                                            |                                                                                       |                                               | 🗌 Change                               | Addition                       |  |
| CITY-ST-ZIP                                                                                          |                                                                                                                                                                                              |                                                               | CITY-ST                 |                                                    |                                                                                       |                                               |                                        |                                |  |
| TITLE                                                                                                |                                                                                                                                                                                              | Delete                                                        | TITLE                   |                                                    |                                                                                       |                                               | 🗌 Change                               | Addition                       |  |
| NAME<br>STREET ADDRESS                                                                               |                                                                                                                                                                                              |                                                               | NAME<br>STREET          | ADDRESS                                            |                                                                                       |                                               |                                        |                                |  |
| CITY-ST-ZIP                                                                                          |                                                                                                                                                                                              |                                                               | CITY-ST                 | -ZIP                                               |                                                                                       |                                               | [] 0+                                  |                                |  |
| TITLE<br>NAME                                                                                        |                                                                                                                                                                                              | Delete                                                        | title<br>Name           |                                                    |                                                                                       |                                               | 🛄 Change                               | Addition                       |  |
| STREET ADDRESS<br>CITY-ST-ZIP                                                                        |                                                                                                                                                                                              |                                                               | STREET CITY - ST        | ADDRESS                                            |                                                                                       |                                               |                                        |                                |  |
| TITLE                                                                                                |                                                                                                                                                                                              | Delete                                                        | TITLE                   |                                                    |                                                                                       |                                               | Change                                 | Addition                       |  |
|                                                                                                      |                                                                                                                                                                                              |                                                               | NAME                    | ADDRESS                                            |                                                                                       |                                               |                                        |                                |  |
| STREET ADDRESS<br>CITY-ST-ZIP                                                                        |                                                                                                                                                                                              |                                                               | CITY-ST                 | r-ZIP                                              |                                                                                       |                                               |                                        |                                |  |
| indicated<br>of the cor                                                                              | certify that the information explied with the<br>on this report or supplemental report) is the<br>poration or the receiver or trustee empower<br>or on an attached the with an accress, with | rue and accurate and that m<br>vered to execute this report a | v sianatur              | e shall have the s                                 | same legal effect a                                                                   | as if made under oath: tha                    | at I am an officer<br>rs in Block 11 o | r or director<br>r Block 12 if |  |
| SIGNAT                                                                                               | 2 Sel- UN ASSA                                                                                                                                                                               |                                                               | ED.                     | MARY 0                                             | Willis                                                                                | 4/17/00                                       |                                        | 56-5100                        |  |
|                                                                                                      | SIGNATURE AND TYPED OR PRI                                                                                                                                                                   | NTED NAME OF SIGNING OFFICER O                                | R DIRECTOR              | 1                                                  |                                                                                       | Date                                          | Daytime Phone #                        |                                |  |