## 2001 UNIFORM BUSINESS REPORT (UBR)

| DC <sub>i</sub> CUMENT # L0000014217   |   |  |      |  |   | 1  |                          |                   |  |
|--|---|--|------|--|---|--|--------------------------|-------------------|--|
| MCR ACQUISITION LLC  |   |  |      |  |   | FILED                                    |                          |                   |  |
| Marco Cooling and Refrigeration LLC  |   |  |      |  | 01  | JUN 27 AM 8:47                           |                          |                   |  |
| Principal Place of Business Mailing Address  |   |  |      |  |   | •  |                          |                   |  |
| 3401 PROGRES<br>NAPLES FL 34   |   | 3401 PROGRESS AVE.<br>Naples FL 34104      |      |  | SE<br>  TAI   | SECRETARY OF STATE TALLAHASSEE, FLORIDA  |                          |                   |  |
| •  |   |  |      |  |   |  |                          |                   |  |
| 2. Principal Pla   | ace of Business                           | 3. Mailing Address<br>2140 Lake Park Blvd. |      |  | -   |  |                          |                   |  |
| Suite, Apt. #  | #, etc.                                   | Suite, Apt. #, etc.                        |      |  | -   | DO NOT WRITE IN THIS SPACE               |                          |                   |  |
| City & State   |   | City & State                               |      |  |   | 4. FEI Number Applied For                |                          |                   |  |
| Zip  | Country                                   | Richardson, TX  Zip Country                |      | try 🔞  | 59 - 3683648   Not Applicable    5. Certificate of Status Desired   \$5.00 Additional |  |                          |                   |  |
| - <b>,</b> -   | 6. Name and Address of Current I          | 75080                                      | 1    | USA  |   | me and Address of New Registered         | Fee Required             | t t               |  |
| Name   |   |  |      |  |   |  |                          |                   |  |
| C T CORF   |   |  |      | Street Address (P.O. Box Number is Not Acceptable) |   |  |                          |                   |  |
|  | ON FL 33324                               | •  | ,    |  |   |  |                          |                   |  |
|  |   |  |      | City   |   | , FL                                     | 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 \$50.00  Make Check Payable to Department of  |   |  |      |  |   | 400004475:<br>-07/16/010<br>*****50.00   | 5 74-<br>10040<br>*****5 | 02                |  |
| 9.   | MANAGING MEMBERS/MEMBERS                  |  |      |  |   | ADDITIONS/CHANGES                        |                          |                   |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  | ~~1 2140 hake Park BlVQ. ■                |  |      |  |   | •  | ☐ Change                 | Addition          |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   | ☐ Delete                                   |      | i i  |   |  | ☐ Change                 | Addition Addition |  |
| TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP   |   | ☐ Delete                                   |      |  |   |  | ☐ Change                 | Addition          |  |
| TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP   |   | ☐ Delete                                   | E '  |  |   |  | ☐ Change                 | ☐ Addition        |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   | ☐ Delete                                   |      |  |   |  | ☐ Change                 | Addition          |  |
| TITLE TO NAME STREET ADDRESS CITY-ST-ZIP   | ertify that the information supplied with | Delete                                     | CITY | ME<br>EET ADDRESS<br>7-ST-ZIP                      | Section 11  | 19 07/3Yi) Florida Statutes I further ce | Change                   | Addition          |  |

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: / Mishler

6/21/01

972-497-5000