FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Jan 16, 2002 8:00 am L01062 DOCUMENT # **Secretary of State** 1. Entity Name 01-16-2002 90238 030 ***150.00 ROLEC ENCLOSURES USA, INC. Principal Place of Business Mailing Address %CURTIS, WARD & ASSOC, P.A. %CURTIS, WARD & ASSOC, P.A. 3055 CARDINAL DRIVE SUITE 202 3055 CARDINAL DRIVE SUITE 202 VERO BEACH FL 32963 VERO BEACH FL 32963 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 65-0131051 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CURTIS, NED P. Street Address (P.O. Box Number is Not Acceptable) 3055 CARDINAL DRIVE SUITE 202 VERO BEACH FL 32963 City Zip Code FL 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CR2E034 (9/01) ☐ Addition THILE ☐ Delete TITLE ☐ Change ROSE, FRIEDHELM NAME NAME STREET ADDRESS D32457 PORTAW.FALICA,MINDENER STREET ADDRESS CITY-ST-ZIP W. GERMANY WEG 24B OC CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME ROSE, MATTHIAS NAME 3260 RINTEIN 1. GERHART-HAUPTMANN-WEG14 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP west germany TITLE ☐ Delete TITLE Change ☐ Addition NAME Curtis: NED P. -NAME STREET ADDRESS STREET ADDRESS 3055 CARDINAL DR #202 CITY-ST-ZIP CITY-ST-ZIP vero beach fl TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ 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 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 appears, with a other like empowered.

SIGNATURE:

4 QUINEDP. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR