AMENDED

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

AMENDED

DOCUMENT # L23435

1. Entity Name

MKS Supply INC

FILED

02 NOV 25 AM 11:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2002 AMENDED

2. Principal Place of Business	3. Mailing Address
8611-A North Dixie DR	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: DAYTON OHIO	City & State
Zip: 45414 Country: USA	Zip Country

4. FEI Number: 34-1629762 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: VINCENT W. SHIEL

Street Address (P.O. Box Number is Not Acceptable)

6900 SE Golf House DR

City: Hobe Sound, FL, FL Zip Code: 33455

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 _____ DATE

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when no officer)

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P-D STUART, A SHIEL 37710 pinwood CT magnolia, TX, 37354
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	EVP-D CHARLES, R BRAWN 3332 SEA Turtle DR DAYTON OH 45414
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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Charles R Brawn 11-21-02 9374540363

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #