2001 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 29, 2001 8:00 am Secretary of State **DOCUMENT # L28702** RAHN'S INDUSTRIAL ELECTRONICS, INC. 01-29-2001 90044 001 ***150.00 Principal Place of Business Mailing Address % WAYNE C. RAHN % WAYNE C. RAHN 2045 LIBERTY ST 2045 LIBERTY ST JACKSONVILLE FL 32206 JACKSONVILLE FL 32206 Principal Place of Business DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-2990919 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Re RAHN, WAYNE C. Street Address (P.O. Box Number is Not Acceptable) 2045 LIBERTY ST JACKSONVILLE FL 32206 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) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back)... Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition Delete TITLE TITLE RAHN, WAYNE C. NAME NAME STREET ADDRESS 2045 LIBERTY ST STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP JACKSONVILLE FL ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME RAHN, WAYNE C. NAME STREET ADDRESS 2045 LIBERTY ST STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 attack with an address, with allther like phowered

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