2001 UNIFORM BUSINESS REPORT (UBR)

of the corporation or the receiver or tru changed, or on an attachment with

FILED Apr 26, 2001 8:00 am Secretary of State **DOCUMENT # L60621** 1. Entity Name ROSKAR CORP., INC. 04-26-2001 90301 019 ***150.00 Principal Place of Business Mailing Address 120 DUNES EDGE RUN 120 DUNES EDGE RUN JUPITER FL 33477 JUPITER FL 33477 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0181659 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 Name KRYDA, WILLIAM C. Street Address (P.O. Box Number is Not Acceptable) 120 DUNES EDGE ROAD JUPITER FL 33477 City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE CR2E034 (10/00) ☐ Delete TRUE Addition Change KLEIN, GABRIELE M NAME NAME STREET ADDRESS 120 DUNES EDGE RUN STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JUPITER FL 33477 TITLE VΡ ☐ Delete TITLE ☐ Change Addition Addition KRYDA, WILLIAM C NAME NAME STREET ADDRESS 120 DUNES EDGE RD STREET ADDRESS CITY-SY-7IP CITY-ST-ZIP JUPITER FL 33477 TITLE ☐ Delete T!TLE ☐ Charne Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-S1-ZIP TITLE ☐ Delete TITLE ☐ Channe Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change 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 13. I hereby certify that the information supplied 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 rep accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12

NAME OF SIGNING OFFICER OR DIRECTOR