FILED 2002 UNIFORM BUSINESS REPORT (UBR) Jan 14, 2002 8:00 am Secretary of State DOCUMENT # L9900004854 01-14-2002 90028 033 ****55.00 AMERICAN IGNITION WIRE, L.L.C. Principal Place of Business Mailing Address 902267 2760 N.W. 63RD COURT 2760 N.W. 63RD COURT FORT LAUDERDALE FL 33309 FORT LAUDERDALE FL 33309 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number City & State Applied For 65-0943091 Not Applicable Zip Country \$5.00 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 OLEFSON, FRED Street Address (P.O. Box Number is Not Acceptable) 2760 N.W. 63RD COURT FORT LAUDERDALE FL 33309 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) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. (9/01) MGR ☐ Addition TITLE ☐ Delete TITLE ☐ Change OLEFSON, FRED STREET ADDRESS STREET ADDRESS 2760 N.W. 63RD COURT CITY-ST-ZIP FORT LAUDERDALE FL 33309 CITY-ST-ZIP 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 ☐ Change ☐ Addition TITLE ☐ Delete TITLE 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

NAME

STREET ADDRESS CITY-ST-ZIP 11. I hereby certify that the information supplied with this filling 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 of the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

☐ Change

☐ Addition

TITLE

NAME :

STREET ADDRESS

SIGNATURE: