FILED

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, M

M0000001422 DOCUMENT # 01 APR -9 AM 7: 47 1. Entity Name SUNBEAM LATIN AMERICA, LLC SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 2381 EXECUTIVE CENTER DRIVE 2381 EXECUTIVE CENTER DRIVE **BOCA RATON FL 33431 BOCA RATON FL 33431** 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 NOT APPLICABLE Not Applicable Zip 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 C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD 500004016945 PLANTATION FL 33324 04/19/01--01010**--**014 City *****50.**06L** *****50.00 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title it applicable. FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MEMBERS 10. 9. Chairman of the Board Addition TITLE ☐ Change ☐ Defete TITLE NAME Jerry W. Levin NAME 381 Executive Center Deive STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Raton FL 33431 CITY-ST-7IP Executive Vice Persiden ☐ Delete TITLE ☐ Change TITLE BODDY G. TENKINS NAME NAME 2381 Executive Center Drive STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 33431 Wesidon ☐ Change Addition ☐ Delete TITLE TOTTE NAME 2381 Executive Center Drive STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Rator. ☐ Change Addition ☐ Delete TITLE NAME NAME x N, Hydraulic STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Delete TITLE Change TITLE Ronaud E. Richter NAME NAME 2381 Executive Center Deive STREET ADDRESS STREET ADDRESS Boxa Ration FL 33431 CITY-ST-7IP CITY-ST-ZIP Assistant Secretary ☐ Change Addition ☐ Delete TITLE Michelle Grabash NAME 2381 Executive Center Drive STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Boca laton. FL 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 or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.