2002 UNIFORM BUSINESS REPORT (UBR)

May 08, 2002 8:00 am Secretary of State DOCUMENT # M0100002048 05-08-2002 90143 036 ****50.00 TRIMS INTERNATIONAL, LLC Principal Place of Business Mailing Address 3 BECKER FARM ROAD 3 BECKER FARM ROAD ROSELAND NJ 07068 ROSELAND NJ 07068 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 22-3820087 Not Applicable Zip Country 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 C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGR TITLE MGR (9/01)□ Defete TITI F ☐ Change Addition SHEVRIN, IAN NAME Jack Shevrin 3 Becker FARM ROAd STREET ADDRESS 3 BECKER FARM ROAD STREET ADDRESS CITY-ST-ZIP **ROSELAND NJ 07068** CITY-ST-ZIP Roseland NJ 07068 TITI F ☐ Delete TITLE MGR ☐ Change Addition NAME MARC ShevRIN 3 Becker FARM ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Roseland NJ 07068 TITLE ☐ Delete TITLE Addition MGR Change Kevin Cristiano NAME STREET ADDRESS Becker FARM Rd. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Roseland THT! F ☐ Delete TITLE Change Addition NAME NAME Joseph Lee 3 Becker FARM Rd. STREET ADDRESS STREET ADDRESS CITY-ST-7IF CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-71P TITLE ☐ Delete TITLE ☐ Change Addition

11. 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 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.

NAME

STREET ADDRESS

CITY-ST-ZIP

NAME

STREET ADDRESS

CITY-ST-ZIP

FILED