2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 18, 2000 8:00 am Secretary of State **DOCUMENT # M25139** 1. Entity Name POULSEN LIGHTING, INC. 01-18-2000 90195 044 ***150.00 Principal Place of Business Mailing Address 3260 MERIDIAN PARKWAY POULSEN LIGHTING INC. 3260 MERIDIAN PKWY 3260 MERIDIAN PKWY C0004597 FT LAUDERDALE FL 33331-3502 FT LAUDERDALE FL 33331 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2618145 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 PEDERSEN, KENT S Street Address (P.O. Box Number is Not Acceptable) 3260 MERIDIAN PKWY FT. LAUDERDALE FL 33331 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 After MAY 1, 2000 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 11. 😘 🖯 12. PTS TITLE ☐ Delete ☐ Change Addition PEDERSEN, KENT S NAME NAME 3260 MERIDIAN PKWY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE FL 33331 CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE HOLM, ERIK NAME NAME 3260 MERIDIAN PKWY STREET ADDRESS STREET ADDRESS City-St-ZIP CITY-ST-7IP FT. LAUDERDALE FL 33331 TITLE ☐ Delete TITI F ☐ Change Addition ANDERSEN, EGON NAME NAME 3260 MERIDIAN PKWY STREET ADDRESS STREET ADDRESS FT. LAUDERDALE FL 33331 CITY-ST-ZIP CITY-ST-ZIP LINDEBERG, HANS ☐ Change TITLE Addition TITLE ILECTOR 260 MEMDIAN PKWY 260 MEMDIAN PKWY NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition TITLE Delete STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

KENT S PEDERSON 01-04-00 954-349-2505 SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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 equired by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all giber like arrangement.