2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# M80147

Entity Name: RAYDON CORPORATION

FILED Apr 24, 2003 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 210 FENTRESS BLVD DAYTONA BCH, FL 32114 US **Current Mailing Address: New Mailing Address:** 210 FENTRESS BLVD DAYTONA BCH, FL 32114 US FEI Number: 59-2891299 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301 US 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition HOCKNEY, RAYMOND E HOCKNEY, RAYMOND E Name: Name: 1406 KERRY CT 1406 KERRY CT Address: Address: City-St-Zip: PORT ORANGE, FL City-St-Zip: PORT ORANGE, FL 32119 Title: Title: () Delete C/D (X) Change () Addition Name: ARIEL. DONALD K Name: ARIEL, DONALD K 638 BRECKENRIDGE DRIVE 638 BRECKENRIDGE DRIVE Address: Address: PORT ORANGE, FL PORT ORANGE, FL 32127 City-St-Zip: City-St-Zip: () Delete Title: (X) Change () Addition Title: P/D DONOVAN, DAVID P DONOVAN, DAVID P Name: Name: 125 BROOKSIDE DRIVE 125 BROOKSIDE DRIVE Address: Address: City-St-Zip: PORT ORANGE, FL City-St-Zip: PORT ORANGE, FL 32124 Title: () Delete Title: (X) Change () Addition RICE, WILLIAM A RICE, WILLIAM A Name: Name: Address: 526 SUN LAKE DRIVE Address: 526 SUN LAKE DRIVE City-St-Zip: PORT ORANGE, FL City-St-Zip: PORT ORANGE, FL 32127 Title: Title: () Delete (X) Change () Addition BENEDICT, JAMES M BENEDICT, JAMES M Name: Name: 28 BAY POINTE DRIVE Address: 28 BAY POINTE DRIVE Address: City-St-Zip: ORMOND BEACH, FL City-St-Zip: ORMOND BEACH, FL 32174 Title: () Delete Title: (X) Change () Addition OWENS, MARION G Name: Name: OWENS, MARION G Address: 660 META LANE Address: 660 META LANE City-St-Zip: NEW SMYRNA BEACH, FL City-St-Zip: NEW SMYRNA BEACH, FL 32168

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID P. DONOVAN P 04/24/2003