ป1 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # M99000002098 1. Entity Name 01 FEB 27 PH 1: 44 SKW TEXTURANT SYSTEMS MANUFACTURING, LLC Principal Place of Business Mailing Address 3582 McCall Place, NE Atlanta, GA 30340 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 23-3022085 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent-CT Corporation System Street Address (P.O. Box Number is Not Acceptable) 1200 S. Pine Island Rd 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!!! REE IS \$50.00 Make Check Payable to Department of State MANAGING MEMBERS/MEMBERS ADDITIONS/CHANGES 9. 10. ☐ Addition Change ☐ Delete TITLE President NAME Ronald Ashton STREET ADDRESS STREET ADDRESS 3582 McCall Place, NE CITY-ST-ZIP CITY-ST-ZIP Atlanta, GA 30340 ☐ Delete Addition VP & Treasurer NAME Janice Bauernfeind STREET ADDRESS STREET ADDRESS ! 2021 Cabot Blvd. West CITY-ST-ZIP CITY-ST-ZIP Langhorne, PA 19047 🗓 🔲 Change TITLE ☐ Delete TITLE VP & Secretary NAME NAME STREET ADDRESS Peter Vinocur STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 2021 Cabot Blvd., West TITLE TITLE ☐ Delete 10038024994· NAME NAME -03/06/01~~01077~-014 STREET ADDRESS STREET ADDRESS \*\*\*\*\*55.00 \*\*\*\*\*55.00 CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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. Janice Bauernf<u>ei</u>nd - VP & Treasurer

AGER, OR AUTHORIZED REPRESENTATIVE

Daytime Phone #

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEM