FILED

2001 UNIFORM BUSINESS REPORT (UBR)

of the corporation or the receiver or trustee

changed, or on an atta

SIGNATURE

Mar 29, 2001 8:00 am DOCUMENT # N9200000314 **Secretary of State** 1. Entity Name 03-29-2001 91015 020 ****61.25 FIRST SPECIAL NAVAL CONSTRUCTION BATTALION, INC. Principal Place of Business Mailing Address P.O. BOX 233 P.O. BOX 233 TRENTON FL 32693 TRENTON FL 32693 C0039157 Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For 59-3157922 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required_ Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) CLIFTON, WILLIAM 505 SW 1 ST TRENTON FL 32693 Zip Code City 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. FILE NOW: 9. Election Campaign Financing \$5.00 May Be Make Check Payable to Trust Fund Contribution. **FEE IS \$61.25** Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Addition TITLE Delete TITLE Change CRIPPEN, ERNIE NAME STREET ADDRESS RT 1 BOX 153 STREET ADDRESS CITY-ST-ZIP **TENSTRIKE MN 56683** CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition TITLE NAME SHERRARD, WELDON NAME STREET ADDRESS 3884 S OLD US 31 STREET ADDRESS CITY-ST-ZIP **ROCHESTER IN 46975** CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition GUERANSON, CLAUDE S NAME NAME STREET ADORESS 120 DAR AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP anna marià fl 34216 Delete TITLE TITLE ☐ Change ☐ Addition KAYSER, WALTER W NAME STREET ADDRESS 11013 W ROYAL RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP STANWOOD MI 49346 TITLE Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. 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 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

empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if