2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: /

Jan 29, 2001 8:00 am DOCUMENT # P0000040329 **Secretary of State** WERNER FUNDING, INC. 01-29-2001 90040 049 ***150.00 Principal Place of Business Mailing Address 302 DODD BROWN LANE P. O. BOX 123 LITTLE SWITZERLAND NC 28749 LITTLE SWITZERLAND NC 28749 レリリリングにいる 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 539206 City & State City & State Applied For Not Applicable Zip Country Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent WALD CLIERNER-JANGRAW, ROBERT J O Box Number is Not Acceptable) SCAD 1405-2 SE 47TH ST. CAPE CORAL FL 33904 City 8. The above named entity of pmits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 1-16-01 SIGNATURE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 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 11. OFFICERS AND DIRECTORS PRESIDENT TITLE C WERNER Delete TITLE ☐ Change ☐ Addition DOUALD. 302 DODD BROWN LN NAME NAME STREET ADDRESS STREET ADDRESS LITTLE SWITZERLAND NC 28749 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME 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-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP □ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 required 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 other like empowered.

DOWALD C WERNER