FILED

2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

SIGNATURE AND TYPER OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Mar 09, 2001 8:00 am DOCUMENT # P0000040781 **Secretary of State** CALLAWAY MARINE TECHNOLOGIES, INC. 03-09-2001 90008 047 ***158.75 Principal Place of Business Mailing Address 12895 52ND ROAD NORTH 12895 52ND ROAD NORTH 94010 * ROYAL PALM BEACH FL 33411 ROYAL PALM BEACH FL 33411 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 65-1007008 Not Applicable Zip Country 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 CALLAWAY, CHARLES E III Street Address (P.O. Box Number is Not Acceptable) 12895 52ND ROAD NORTH **ROYAL PALM BEACH FL 33411** Zip Code City FL 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. (NQTE: 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 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PRESIDENT/O CHARLES É. CALLAMY III SR2E034 (10/00) ☐ Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME 12895 52 no Rumo worth STREET ADDRESS STREET ADDRESS Royal Pala Bch. FL 33411 CITY - ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE ☐ Change KATRIN E. CALLA WAY NAME NAME 12895 5273 ROAD NORTH STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ROYAL PAIN Beh. FL 33411 TITLE Delete TITLE ☐ Change Addition NAME. NAME STREET ADDRESS STREET ADDRESS CITY - ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE TITLE Change ☐ Delete 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 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 eath; 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

CHARLES E. CALALAY TI