FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Jan 23, 2002 8:00 am Secretary of State DOCUMENT # P00000056194 1. Entity Name 01-23-2002 90006 020 ***150.00 4OR AUTOMOTIVE WARRANTY COMPANY, INC. Mailing Address Principal Place of Business 5075 W 38TH ST 5075 W 38TH ST INDIANAPOLIS IN 46254 INDIANAPOLIS IN 46254 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3653252 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required - -7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent ORNSTEIN, MARK L Address (P.O. Box Number is Not Acceptable) 940 HIGHLAND AVENUE ORLANDO FL 32803 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 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, 2002 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 OFFICERS AND DIRECTORS 12. 11. Addition CR2E034 (9/01 TITLE ☐ Delete TITLE Pessint NAME OSMAN, PERRY STREET ADDRESS STREET ADDRESS 625 E NASA BLVD CITY-ST-ZIP CITY-ST-ZIP **MELBOURNE FL 32901** Change ☐ Addition TITLE ☐ Delete TITLE ROSENFIELD, LENNETH R 1071 STRATFORD PLACE NAME NAME rosortious, Kenneth R STREET ADDRESS STREET ADDRESS 300 S ORANGE AVENUE, #1500 CITY-ST-ZIP MELBORNE TO 32940 CITY-ST-ZIP ORLANDO FL 32801 - Change - Addition TITLE Delete --TITLE- -GEMAN, PAUL NAME NAME 625 EAST NASA BWD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Moussne R ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP Change ☐ Delete Addition TITLE 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.

Kenneth R Rosenfield

317-328-4700