FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 19, 2002 8:00 am Secretary of State P01000010611 DOCUMENT # 1. Entity Name EDSTOCK, INC. 05-19-2002 90049 008 ***150.00 Principal Place of Business Mailing Address 3286 COMMERCIAL WAY 23 EAST TARPON AVE 428793 SPRING HILL FL 34606 TARPON SPRINGS FL 34689 2. Principal Place of Business 3. Mailing Address 18227 AUTUMU LAKE Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For μοωολ 59-3L9`a41a Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired =34663 Fee Required __ ==U:S.A·== 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name H. STOCKHANSED KLIMIS, GEORGE N 23 EAST TARPON AVE **TARPON SPRINGS FL 34689** City HODZOD 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 A d name of registered agent and title if applicable. (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, 2002 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12 (9/01)P- SELV- THEAS TITLE Delete TITLE STOCKHAUSEN, BRAD H STOCKHAUSEN, BRAG H. NAME 18227 AUTUMN LAKE BLVD **CR2E034** 18127 NUMBER LAKE BLUD STREET ADDRESS STREET ADDRESS HUDSON FL 34667 CITY-ST-ZIP CITY-ST-ZIP 34667 HU070H TITLE ☐ Delete TITLE IST VP Change X Addition NAME NAME EDWANN, PAYE A. W. 273 3 BLTS HILLUIGH DE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP-CITY-ST-ZIP MUKWONA66., WI____ 53149. 2 NO V.F. ☐ Change Addition ☐ Delete TITLE EDWARPS, LAWRENCE M NAME NAME BLTS HILLVIEW DA STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Wirkmonikeo ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE □ Change ☐ Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE X SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP

x4-2802

Daytime Phone #