2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) 03 JUN 25 PM 2: 17 P01000047737 DOCUMENT # KOHLER CAPITAL IV, CORPORATION SECRETARY OF STATE TAILAHASSEE, FLORIDA Principal Place of Business Mailing Address PO BOX 216 PO BOX 216 KOHLER WI 53044 KOHLER WI 53044 2. Principal Place of Business 3. Mailing Address 06/09/03 90117,031 \$150.00 Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State Applied For Not Applicable Zip Country Zip 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 HOLLAND, CHARLES Street Address (P.O. Box Number is Not Acceptable) 231 LEXINGTON DRIVE DAYTONA BEACH FL 32114 City Zip Code 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and tide II applicable (NOTE: Registered Apent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Addition nns ☐ Change Delete WERNER, CHRISTOPHER NAME NAME GERARD WERNER 2620 N 40TH STREET P.O. Box 216 STREET ADDRESS STREET ADDRESS 53044 SHEBOYGAN WI 53083 CITY-ST-2IP CITY-ST-ZIP Kohler TITLE Delete TITI F Change ☐ Addition NAME NAME STREET ADORESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-SY-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE Delete ☐ Addition NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS

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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

GERARD WERNER

CR2E034 (10/02)

KOHLER

CAPITAL MANAGÉMENT

June 20, 2003

Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

RE: Request to waive late fee

To whom it may concern:

On June 20th of 2003 I spoke to Michelle Milligan in your State offices who informed me that I should send this letter to Request to Waive the late fee for Kohler Capitals UBR. Our office had sent the UBR in April.

Thank you for your attention to this matter.

Respectfully yours,

Christopher Werner

CW/lrs