Jul 02, 2002 8:00 am 2002 UNIFORM BUSINESS REPORT (UBR) **Secretary of State** P01000074958 DOCUMENT # 05-23-2002 90029 045 ***150.00 1. Entity Name VEILLARD'S INTERIOR TRIM INCORPORATED Maikdg Address Principal Place of Business Note 406 LOCK ROAD 406 LOCK BOAD this Address DO NOT WRITE IN THIS SPACE Applied For Not Applicable \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current ROLLAND SYSTEM INCORPORATED Street Address (P.O. Box Number is Not Acceptable) 2903 NW 60TH AVENUE Zip Code SUNRISE, FL FL 33313 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. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS - 20. 2 CADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. ☐ Change (9/01) TITLE Delete TITLE Hubert Veillard 2807 Albatross Road Delray Beach Fl 33448 FRITZ, VEILLARD NAME NAME STREET ADDRESS 406 LOCK ROAD, SUITE 30 CITY-ST-ZIP DEERFIELD FL 33442 CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE 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-7/P CATY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Detete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ___ Addition TITLE: 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. SIGNATURE REQUIRED SIGNATURE:

FILED