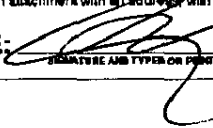


FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91152 038 ***150.00

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # P01000081736					
1. Entity Name BENHAM SAFETY, INC.					
Principal Place of Business 10220 NW 50 ST SUNRISE, FL 33351		Mailing Address 10220 NW 50 ST SUNRISE, FL 33351			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-1146658	
Zip	Country	Zip	Country	Applied For Not Applicable	
5. Certificate of Status Desired ☐				58.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MAGEE, J. MICHAEL 1132 SE 2 AVE FT LAUDERDALE, FL 33315				7. Name and Address of New Registered Agent	
Name				Street Address (P.O. Box Number is Not Acceptable)	
City				FL 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 state if applicable. (NOTE: Registered Agent's signature required when electing.) DATE _____					
				9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DP	☐ Delete		TITLE	☐ Change ☐ Addition
NAME	RUSH, KENNETH			NAME	
STREET ADDRESS	10220 NW 50 ST			STREET ADDRESS	
CITY-ST-ZIP	SUNRISE, FL 33351			CITY-ST-ZIP	
TITLE	VT	☐ Delete		TITLE	☐ Change ☐ Addition
NAME	RUSH, ASTRID			NAME	
STREET ADDRESS	10220 NW 50 ST			STREET ADDRESS	
CITY-ST-ZIP	SUNRISE, FL 33351			CITY-ST-ZIP	
TITLE		☐ Delete		TITLE	☐ Change ☐ Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		☐ Delete		TITLE	☐ Change ☐ Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		☐ Delete		TITLE	☐ Change ☐ Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
12. 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 807, 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.					
SIGNATURE: 				KENNETH P RUSH 4/30/03 954578-1990	
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #	

11040613



☐ CHECK HERE IF MAKING CHANGES

OFFER04 (10/02)