2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 02, 2001 8:00 am Secretary of State **DOCUMENT # P01225** 1. Entity Name RUDOLPH-LIBBE, INC. 04-02-2001 90271 004 ***150.00 Principal Place of Business Mailing Address 6494 LATCHA ROAD 6494 LATCHA ROAD WALBRIDGE OH 43465-9738 WALBRIDGE OH 43465-9738 818532 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 34~4452920 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 RAINS, JOHN H, III Street Address (P.O. Box Number is Not Acceptable) ONE TAMPA CITY CENTER STE 2100 201 N FRANKLIN STREET **TAMPA FL 33601** 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its intangible-FILE NOW!!! FEE IS \$150.00 -10.-Election-Campaign-Financing \$5.00-May-Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (10/00) TITLE ☐ Delete PRESIDENT TIMOTHY A. AITOR RUDOLPH, FREDERICK W. NAME STREET ADDRESS 6494 LATCHA RD. STREET ADDRESS WAlbridge, oH 43465 CITY-ST-ZIP WALBRIDGE OH CITY-ST-ZIP TITLE Delete TITLE ☐ Change RUDOLPH, PHILIP J. NAME NAME STREET ADDRESS 27170 LIME CITY ROAD STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP PERRYSBURG OH 43551 TITLE Delete TITLE ☐ Change ☐ Addition LIBBE, ALLAN J. NAME NAME STREET ADDRESS 29802 SUSSEX RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PERRYSBURH OH 43551 SECRETARY TREASURER Change BRIAN P. ZIENTEK TITLE Delete ☐ Addition TITLE ZEINTEK, BRIAN P. NAME NAME 6494 LATCHA RR. STREET ADDRESS 6494 LATCHA RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WALBRIDGE OH TITLE Delete ☐ Change TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition 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

CITY-ST-ZIP

BRIAN P. ZIENTER 2/1/01