2003 FOR PROFIT CORPORATION

Mar 13, 2003 8:00 am Secretary of State UNIFORM BUSINESS REPORT (UBR) P02000127252 DOCUMENT # 03-13-2003 90071 010 ***158.75 1. Entity Name WILLOUGHBY CAST PRODUCTS, INC. Mailing Address Principal Place of Business 2414 N. ANDALUSIA BOULEVARD 2414 N. ANDALUSIA BOULEVARD CAPE CORAL FL 33909 CAPE CORAL FL 33909 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 123320 Not Applicable \$8.75 Additional Country Zip Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Added to Fees Trust Fund Contribution. Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. Addition ☐ Delete TITLE TITLE . NAME WILLOUGHBY, TIMOTHY B NAME STREET ADDRESS 9970 Ford Valley Lane STREET ADDRESS 9970 FORD VALLEY LANE CITY-ST-7IP Zionsville, IN 46077 CITY-ST-ZIP ZIONSVILLE IN 46077 Change Ch Addition ☐ Delete TITLE TITLE 1 NAME NAME WILLOUGHBY, PAMELA W 9970 Ford Valley Lane STREET ADDRESS STREET ADDRESS 9970 FORD VALLEY LANE Zionsville, IN 46077 CITY-ST-ZIP CITY-ST-ZIP ZIONSVILLE IN 46077 ☐ Change Addition TITLE Delete TITI F 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-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME

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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the receiver or trustee empowered to execute this report as required by Cl changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

CITY-ST-7IP

NAME

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

☐ Delete

2/28/03 317-638-2381

FILED

Change

Addition