

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

01 SEP -5 PM 5:44

<b>DOCUMENT #</b> PD4707 <b>1. Entity Name</b> Briggs Plumbing Products, Inc.		DIVISION OF CORPORATE SERVICES <b>01 SEP -S PM 5:44</b>	
Principal Place of Business		Mailing Address	
<b>2. Principal Place of Business</b> 300 Eagle Road <small>Suite, Apt. #, etc.</small>		<b>3. Mailing Address</b> PO Box 71077 <small>Suite, Apt. #, etc.</small>	
City & State <b>Goose Creek SC</b>		City & State <b>Charleston SC</b>	
Zip <b>29445</b>	Country <b>U.S.</b>	Zip <b>29415</b>	Country <b>US</b>
<b>4. FEI Number</b> <b>38-2567751</b>		Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>		<b>7. Name and Address of New Registered Agent</b>	
		Name <b>Corporation Service Company</b>	
		Street Address (P.O. Box Number is Not Acceptable) <b>1201 Hays Street</b>	
		City <b>Tallahassee,</b>	
		<b>FL</b>	Zip Code <b>32301</b>
<b>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.</b> SIGNATURE <i>Laura R. Dunlap</i> <b>Laura R. Dunlap as its agent</b> <span style="float: right;"><b>9/5/01</b></span> <small>Signature, typed or printed name of registered agent and state applicable. (NOTE: Registered Agents are required when reinstating)</small> DATE			
<b>9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)</b> <input type="checkbox"/>		<b>FILE NOW!!! FEE IS \$150.00</b> <b>AFTER MAY 1, 2001 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>	
		<b>10. Election Campaign Financing Trust Fund Contribution.</b> <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
<b>11. OFFICERS AND DIRECTORS</b> <span style="float: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</span>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>PD Umbs, Daniel U.</b> <b>300 Eagle Rd</b> <b>Goose Creek, SC 29445</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>D Brianes Felipe</b> <b>300 Eagle Rd</b> <b>Goose Creek, SC 29445</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>TD merwane, Jorge</b> <b>300 Eagle Rd</b> <b>Goose Creek SC 29445</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>VD Fernandez, Diego</b> <b>300 Eagle Rd</b> <b>Goose Creek, SC 29445</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete <b>Marcelo Rodriguez</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		
<b>12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b> <span style="float: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</span>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>600004571596</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>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.</b>			
SIGNATURE: <i>Becky DePietro</i> <b>Becky DePietro</b> <span style="float: right;"><b>9/4/01</b></span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			



ACCOUNT NO. : 072100000032

REFERENCE : 452551 4307980

AUTHORIZATION :

COST LIMIT : \$ 558.75

*Patricia Pizito*

ORDER DATE : August 30, 2001

ORDER TIME : 1:52 PM

ORDER NO. : 452551-055

CUSTOMER NO: 4307980

CUSTOMER: Amita Verma, Legal Asst  
Wilmer, Cutler & Pickering  
2445 M Street, N.W.

Washington, DC 20037

ANNUAL REPORT FILING

PLEASE NOTE:  
NEED TODAY  
FOR CLOSING

NAME: BRIGGS PLUMBING PRODUCTS, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

       CERTIFIED COPY  
XX        PLAIN STAMPED COPY  
XX        CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Betty Young - Ext. 1112

EXAMINER'S INITIALS: \_\_\_\_\_