2000 UNIFORM BUSINESS REPORT (UBR) **FILED DOCUMENT # P06837** May 31, 2000 8:00 am Secretary of State 1. Entity Name PAN AMERICAN SCREW, INC. 05-03-2000 90056 009 ***150.00 Principal Place of Business Mailing Address 225 W. WASHINGTON ST. 225 W. WASHINGTON ST. SUITE 1900 **SUITE 1900** CHICAGO IL 60606-3484 CHICAGO IL 60606 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 23-2213540 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent _____ 6. Name and Address of Current Registered Agent Name UNITED STATES CORPORATION COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301 City Zip Code FL 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 little if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 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, 2000 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. CR2E034 (9/99) ☐ Change ☐ Addition TITLE Defete TITLE PRITZKER, R.A. NAME NAME 225 W. WASHINGTON ST. STREET ADDRESS STREET ADDRESS C174-S7-27P CITY-ST-ZIP CHICAGO IL **VID** ☐ Addition ☐ Delete TITLE ☐ Change TITLE GLUTH, R.C. NAME NAME 225 W. WASHINGTON ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CHICAGO IL - Ghange ---- 🗀 Addition -Celete mie-TITLE WEBB, R.W. NAME NAME 225 W. WASHINGTON ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CHICAGO IL □ Change Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

13. I hereby certify that the information supplied with this filling 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 employeed to execute this report as required by the plant of the corporation of the corporation 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 to the corporation of the corporation of the corporation of the corporation of the receiver of trustee employees of the corporation of the corporation of the receiver of trustee employees of the corporation of the corporation

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TITLE

NAME STREET ADDRESS

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May 26, 2900 April 13/2000

905-878

☐ Chance

☐ Addition