2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P19660 Apr 22, 2000 8:00 am Secretary of State PLEASANTS HARDWARE COMPANY 04-22-2000 90105 034 ***150.00 Principal Place of Business Mailing Address 1010 N.W. BLVD. 1010 N.W. BLVD. P.O. BOX 5258 P.O. BOX 5258 WINSTON-SALEM NC 27113-258 WINSTON-SALEM NC 27113-5258 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 56-0497224 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 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 title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition TITLE ☐ Change TITLE Delete NAME PLEASANTS, C. EDWARD, JR NAME STREET ADDRESS STREET ADDRESS 1075 WEST KENT ROAD CITY-ST-ZIP CITY-ST-ZIP WINSTON-SALEM NC ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME SMITH, A. ZACHARY, III STREET ADDRESS STREET ADDRESS 4314 BELKNAP ROAD CITY-ST-ZIP CITY-ST-7IP CHARLOTTE NC ☐ Addition TITLE ☐ Change TITLE ☐ Defete NAME NAME SMOAK, W. SAM STREET ADDRESS STREET ADDRESS 4144 GLADSTONBURY RD CITY-ST-ZIP CITY-ST-ZIP WINSTON SALEM NO ☐ Change ☐ Addition CEO ☐ Delete TITLE. NAME HUMMEL, CHARLES R. NAME STREET ADDRESS 4180 MALBETH CT. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP winston-salem no Addition ☐ Delete TITLE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

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.

President

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED PAME OF SIGNING OFFICER OR DIRECTOR

0//17/00

336/725-3067

Daytime Phone #