2001 UNIFORM BUSINESS REPORT (UBR) FILED Jan 03, 2001 08:00 AM P22304 DOCUMENT# Entity Name **Secretary of State** E Z LOADER BOAT TRAILERS, INC. Principal Place of Business Mailing Address NORTH 717 HAMILTON NORTH 717 HAMILTON P O BOX 3263 P O BOX 3263 SPOKANE WA SPOKANE WA 992200263 992200263 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 91-0612518 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL33324 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. 01/03/2001 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 After MAY 1, 2001 Fee will be \$550.00 \$5.00 May Be 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 OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 AS TITLE ☐ Delete TITLE ☐ Addition CR2E034 (11/00) X Change CLANTON MAME JAMES CLANTON NAME JAMES NORTH 717 HAMILTON STREET ADDRESS 3626 S. WOODRUFF DRIVE STREET ADDRESS CITY-ST-ZIP SPOKANE WA CITY-ST-ZIP SPOKANE WA 99206 SD ☐ Delete TITLE X Change NAME THIELMAN, DAVID A. NAME THIELMAN, DAVID A. STREET ADDRESS NORTH 717 HAMILTON STREET ADDRESS 1703 E. PINEGATE LANE CITY-ST-ZIP SPOKANE WA CITY-ST-ZIP SPOKANE WA 99224 Delete TITLE VTD X Change ☐ Addition JOHNSON, MARC D. NAME JOHNSON, MARC D. STREET ADDRESS NORTH 717 HAMILTON STREET ADDRESS 9 E. HIGH DRIVE CITY-ST-ZIP SPOKANE WA CITY-ST-ZIP SPOKANE 99203 WA Delete TITLE PVD **X** Change ☐ Addition JOHNSON, RANDY D. NAME JOHNSON, RANDY D. STREET ADDRESS NORTH 717 HAMILTON STREET ADDRESS 7121 S. BEN BURR RD CITY-ST-ZIP SPOKANE CITY-ST-ZIP SPOKANE 99223 WA TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.

SIGNATURE: James J. Clanton AS 01/03/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #