FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 23, 2002 8:00 am Secretary of State **DOCUMENT #** P23245 1. Entity Name 05-23-2002 90052 012 ***150.00 YU HSIEN INDUSTRIAL CO., LTD., USA INCORPORATED Mailing Address Principal Place of Business 156 SOUTH COURTENAY PARKWAY 156 SOUTH COURTENAY PARKWAY MERRITT ISLAND FL 32952 MERRITT ISLAND FL 32952 US US 3. Mailing Address 2. Principal Place of Business 1256 Hemet BOX Causeur 200 DO NOT WRITE IN THIS SPACE Suite Apt. #. etc. Applied For 4. FEI Number 95-4131203 Not Applicable \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name GREENFIELD, HARRY Street Address (P.O. Box Number is Not Acceptable) 800 E. MERRITT ISLAND CSWY MERRITT ISLAND FL 32952 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. 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. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12 11. Change ☐ Addition TITLE ☐ Delete TITLE TSAI, JONG-HUA NAME NAME 337 SOUTH TROPICAL TRAIL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **MERRITT ISLAND FL 32952** CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME TSAI, JONG-HAU NAME STREET ADDRESS 337 SOUTH TROPICAL TRAIL STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MERRITT ISLAND FL 32952 Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE □ Delete TITLE 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 NAME NAME STREET ADDRESS STREET ADDRESS

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 ke empow changed, or on an attachment with an address, with all

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