FILED

2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

Apr 21, 2003 8:00 am Secretary of State **DOCUMENT #** P26618 04-21-2003 90302 035 ***150.00 1. Entity Name NATIONAL SEMI-TRAILER CORP. Principal Place of Business Mailing Address 6015 PARDEE ROAD 7208 SAND LAKE ROAD TAYLOR MI 48180 STE 202 ORLANDO FL 32819 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 38-2148290 Not Applicable Žip 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 CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) C/O CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. DATE (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. Addition TITLE Delete TITLE ☐ Change BROMLEY, RANDALL E NAME NAME 7208 SANK LAKE ROAD SUITE 202 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO FL CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE BROMLEY, JOSEPH C NAME NAME STREET ADDRESS STREET ADDRESS 3013 UNDENWOOD DR. CITY-ST-7IP **DEARBORN MI** CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition TITLE NAME CLEMENTE: JOSEPH= STREET ADDRESS **6015 PARDEE** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TAYLOR MI ☐ Delete TITLE ☐ Addition TITLE ☐ Change NAME GOSCHINSKI NAME STREET ADDRESS 7208 SAND LAKE ROAD, SUITE 202 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ORLANDO FL 32819 Addition TITLE Delete TITLE ☐ Change NAME NAME Dean J. Clemente STREET ADDRESS STREET ADDRESS 7208 Sand Lake Road, Suite 202 CITY-ST-ZIE CITY-ST-ZIP Orlando, FL 32819 TITLE ☐ Delete TITLE Addition NAME NAME Scott Mackey STREET ADDRESS STREET ADDRESS 7208 Sand Lake Road Suite 202

12. 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 eath; 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 10 or Block 11 if changed or on an attachment with an address, with all other block and the properties of the corporation of the control of the corporation of the receiver of the rece changed, or on an attachment with an address, with all

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SIGNATURE: 2

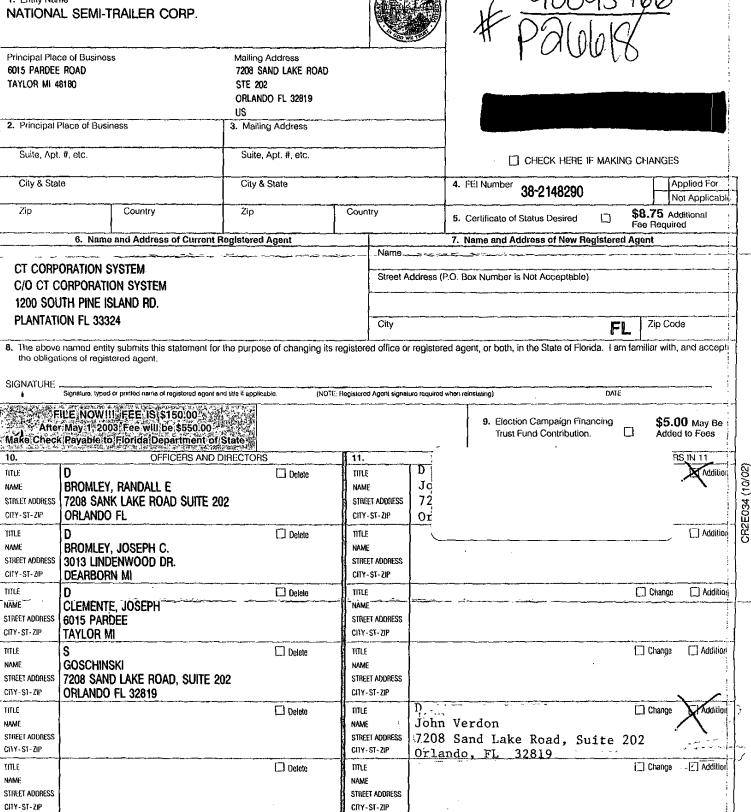
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P26618**

1. Entity Name



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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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Date

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