FILED 2001 UNIFORM BUSINESS REPORT (UBR) Jan 31, 2001 8:00 am **DOCUMENT # P28481 Secretary of State** 1. Entity Name G-A MASONRY CORP. 01-31-2001 90304 045 ***150.00 Principal Place of Business Mailing Address 7014 HUGHES AVE. 7014 HUGHES AVE. CRESTWOOD KY 40014 CRESTWOOD KY 40014 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 14-1542493 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired П Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD 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. SIGNATURE 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 Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Addition TITLE ☐ Delete TITLE GEORGE PATRICK NAME NAME PATRICK, GEORGE SOPB FOUNTAIN ST. NORTH STREET ADDRESS STREET ADDRESS 425 WOOLWICH ST. SOUTH BRESLAL ONTARIO CANADA CITY-ST-ZIP CITY-ST-ZIP DOB INCO Breslau Ontario Canada ☐ Delete Addition NAME NAMÉ TABNER, JOHN TABNER, JOHN 18 CORPORATE WOODS BILLIA STREET ADDRESS STREET ADDRESS 26 COMPUTER DR. W. CITY-ST-ZIP CITY-ST-ZIP 11661 ALBANY NY TITLE ☐ Delete TITLE CECRGE, ELIGENE NAME NAME GEORGE, EUGENE SOA3 FOUNTAIN ST. NORTH STREET ADDRESS STREET ADDRESS 425 WOOLWICH ST SOUTH BRESLAU ONTARIO CANADA CITY-ST-ZIP CITY-ST-ZIP NOB IMO BRESLAU ON ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME

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.

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

TITLE

NAME

☐ Delete

☐ Delete

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ELLEENE

Change

Change

☐ Addition

☐ Addition