2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED **DOCUMENT # P36137** Apr 28, 2000 8:00 am Secretary of State 1. Entity Name BELWITH INTERNATIONAL LTD. COMPANY 04-28-2000 90096 032 ***150.00 Principal Place of Business Mailing Address PO BOX 127 4300 GERALD R. FORD **GRANDVILLE MI 49468-0127** GRANDVILLE MI 49468-0127 2. Principal Place of Business 3100 Broadway Ave., SW 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State City & State 95-2026086 Not Applicable Grandville, MI Zip 49418 Zip Country \$8.75 Additional 5. Certificate of Status Desired IISA 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filling requirement and elects to do so After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (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 Change TITLE ☐ Delete TITLE NAME NAME MILLER, R.M. STREET ADDRESS STREET ADDRESS 5 WINSLOW RD CITY-ST-ZIP CITY-ST-ZIP WESTON CT ☐ Change Addition TITLE ☐ Delete TITLE NAME DAMPSY, D.M. NAME STREET ADDRESS 25 ROWLAND LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP RIDGEFIELD CT Change - - Addition ☐ Delete TITLE TITLE NAME DEBRUNO, RICHARD NAME STREET ADDRESS 4300 GERALD R. FORD FWY. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **GRANDVILLE MI 49418** ☐ Change Addition ☐ Delete TITLE **BILES, JOHN** NAME STREET ADDRESS STREET ADDRESS WEST HOUSE, KING CROSS RD. CITY-ST-ZIP CITY-ST-ZIP HALIFAX, WEST YORKSHIRE HX11E-B ☐ Change Addition ☐ Delete TITLE AS TITLE PORTER, MICHAEL NAME NAME STREET ADDRESS WEST HOUSE, KING CROSS RD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HALIFAX. WEST YORKSHIRE HX11E-B ☐ Delete ☐ Change Addition TITLE TITLE NAME TOWNSEND, JAMES NAME STREET ADDRESS STREET ADDRESS 4300 GERALD R. FORD FWY. CITY-ST-ZIP CITY-ST-ZIP GRANDVILLE MI 49418 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.

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