2002 UNIFORM BUSINESS REPORT (UBR)

with all other iii

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

with an addre

changed, or on an attachme

SIGNATURE:

May 23, 2002 8:00 am Secretary of State P36253 DOCUMENT # 1. Entity Name 05-23-2002 90049 008 ***150.00 **BAIRNCO CORPORATION** Principal Place of Business Mailing Address 300 PRIMERA BLVD 300 PRIMERA BLVD. **STE 432 STE 432** LAKE MARY FL 32746 LAKE MARY FL 32746 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 13-3057520 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required ~7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name THE PRENTICE-HALL CORPORATION SYSTEM, INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301 Zip Code City 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. 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 \$5.00 May Be 10. Election Campaign Financing 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 TITLE Delete NAME NAME SMITH, LARRY D STREET ADDRESS 191 VARSITY CIRCLE STREET ADDRESS CITY-ST-ZIP **ALTAMONTE SPRINGS FL 32714** CITY-ST-7IP ☐ Delete TITLE Change ___ Addition TITLE NAME NAME YELVERTON, WILLIAM F STREET ADDRESS 4439 NORTH 33RD STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ARLINGTON VA 22207 Delete --TITLE NAME FICHTHORN, LUKE E. III NAME STREET ADDRESS STREET ADDRESS 2453 ALAQUA DRIVE CITY-ST-ZIP CITY-ST-ZIP LONGWOOD FL 32779 **Addition** ☐ Change Delete TITLE TITLE WOLF, JAMES A NAMÉ NAME SHANTZ, RICHARD A. 15820 VAN AKEN BWD HYDU STREET ADDRESS STREET ADDRESS 1110 SW IVANHOE BLVD 14 SHAKER HEIGHTS, OH 44120 CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32804 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME FOLEY, CHARLES T NAME 1 EAST END AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY 10021** Delete ☐ Change Addition TITLE AT/A' **VTAS** TITLE NAME LAMBERT, JAMES W MAINGOT, LAWRENCE C. NAME STREET ADDRESS **489 PICKFORD POINT** STREET ADDRESS 1060 VISTA ROAD CITY-ST-ZIP LONGWOOD FL 32750 CITY-ST-ZIP LONGWOOD FL 32750 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

Larry D. Smith

Secretary

FILED

407.875.2222

Daytime Phone #