2001 UNIFORM BUSINESS REPORT (UBR)

Apr 20, 2001 8:00 am Secretary of State DOCUMENT # P94000089169 1. Entity Name EVAFLO FILTERS, INC. 04-20-2001 90174 040 ***150.00 Mailing Address Principal Place of Business P.O. BOX 3075 4705 95TH STREET N PINELLAS PARK FL 33780-3075 SAINT PETERSBURG FL 33708 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0523876 Not Applicable Country Zip Country \$8.75 Additional 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 LEVIN, RICHARD E Street Address (P.O. Box Number is Not Acceptable) 4705 95TH STREET N SAINT PETERSBURG FL 33708 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 eatisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. 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 ☐ Detete TITLE NAME LEVIN, RICHARD E STREET ADDRESS STREET ADDRESS 9933 39TH STREET NORTH CITY-ST-ZIP CITY-ST-7IP PINELLAS PARK FL ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME GARDCIA, JIM ANTHONY STREET ADDRESS STREET ADDRESS P O BOX 53359 CITY-ST-ZIP CITY-ST-ZIP SAN JOSE CA ☐ Change ☐ Addition TITI F ☐ Delete TITLE NAME NAME LEVIN, ELEANOR STREET ADDRESS STREET ADDRESS 9933 39TH ST N CITY-ST-ZIP CITY-ST-ZIP PINELLAS PARK FL ☐ Addition ☐ Change Delete TITLE TITLE NAME NAME GUENTHER, KARL STREET ADDRESS STREET ADDRESS 2717 SEVILLE BLVD #11-307 CITY-ST-ZIP CITY-ST-ZIP CLEARWATER FL ☐ Change ☐ Addition TITLE □ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 trusted employeded 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 employered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED TAME OF SIGNING OFFICER OR DIRECTOR

1/16/01 127-397-766