2001 UNIFORM BUSINESS REPORT (UBR)

Jan 31, 2001 8:00 am DOCUMENT # P95000059330 **Secretary of State** KRONE INTERNATIONAL, INC. 01-31-2001 90061 011 ***150.00 6ERRIT NIEHAUS Principal Place of Business 1616 CULFSTAR DRIVE SOUTH 300 GULFSTATES FLATER DRIVE SOUTH 300 GULFSTATES FLATER 34/12 NAPLES. FL 34112 2. Principal Place of Business 3. Mailing Address 1300 GUIFSTAN DRIVESO 1300 GUIFSTHE DRIVES Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For City & State 65-0610309 Not Applicable Zin \$8.75 Additional П 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DIBENEDETTO, ROBERT P. CPA Street Address (P.O. Box Number is Not Acceptable) C/O GIRADIN BALDWIN & ASSOCIATES LLP 5147 CASTELLO DRIVE NAPLES FL 34103 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) DATE 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 П ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. DPST ☐ Delete TITLE TITLE NIEHAUS, GERRIT NAME NAME 1300 GUIFSTAR DRIVE SOUTH 1615 GULFSTAR DRIVE SOUTH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES FL-33942 CITY-ST-7IP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-7IP Change -Addition TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS 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 trusteer 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.

SIGNATURE:

SIGNATURE:

Date

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