2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P96000024730

Entity Name: TFE, INC.

FILED Jan 14, 2002 8:00 AM Secretary of State

Current Principal Place of Business: New P	incipal Place of Business:
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ONE HARBOR PLACE, STE. 623 1901 S. HARBOR CITY BLVD. MELBOURNE, FL 32901

Current Mailing Address: New Mailing Address:

10971 E. AIRPORT SERVICES RD 1901 S. HARBOR CITY BLVD. SWANTON, OH US 10971 E. AIRPORT SERVICES RD SWANTON, OH 43558 US

FEI Number: 59-3914573 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

WILES, TOM
ONE HARBOR PLACE
1901 S. HARBOR CITY BLVD., STE. 623
MELBOURNE, FL 32901 US

WILES, THOMAS J
1901 S. HARBOR CITY BLVD., STE. 623
MELBOURNE, FL 32901 US

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: THOMAS J. WILES 01/14/2002

Electronic Signature of Registered Agent Date

This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so (X). Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: S () Delete Title: S (X) Change () Addition Name: CRUMMEY, JOHN K

Address: 5170 W. BETHANY HOME ROAD Address: 5170 W. BETHANY HOME ROAD
City-St-Zip: GLENDALE, AZ 85301 City-St-Zip: GLENDALE, AZ 85301 US

Name: SHOCK, JAMES P

 Address:
 10971 E. AIRPORT SVCS. ROAD
 Address:
 10971 E. AIRPORT SVCS. ROAD

 City-St-Zip:
 SWANTON, OH 43558
 City-St-Zip:
 SWANTON, OH 43558 US

Name: WILES, TOM Name: WILES, THOMAS J

Address: 151 INDIGO COVE PLACE Address: 1901 S. HARBOR CITY BLVD., SUITE 623

City-St-Zip: MELBOURNE BEACH, FL 32951 City-St-Zip: MELBOURNE, FL 32901 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JAMES P. SHOCK T 01/14/2002