2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P96000062027

1. Entity Name

VRIGHT-IN-LIN	E CORF	ORA	TION
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FILED May 03, 2004 8:00 am Secretary of State 05-03-2004 91230 041 ***150.00

Pictor of Business 600 H MW 17-92 SUTE 100 LONGWOOD, FL 32750 2. Filindool Pictor of Business 3. Mailing Address SULE, Apr. 1, 200 2. Filindool Pictor of Business 3. Mailing Address SULE, Apr. 1, 200 City & State City & State Country Zip Country Xiv Residence of Current Registered Agent Nonro State Address of Row Registered Agent Registered Agent Nonro State Address (P.G. Rox Numbor is Net Accorptable) City FL Zip Country Registered Agent Nonro State Address (P.G. Rox Numbor is Net Accorptable) City FL Zip Country Registered Agent Nonro State Address (P.G. Rox Numbor is Net Accorptable) City FL Zip Country Registered Agent Nonro State Address (P.G. Rox Numbor is Net Accorptable) City FL Zip Country Registered Agent Nonro State Address (P.G. Rox Numbor is Net Accorptable) City FL Zip Country Registered Agent Nonro State Address (P.G. Rox Numbor is Net Accorptable) City FL Zip Country Registered Agent or both in the State of Flor chi. I am fermium with and accomplished agent, or both in the State of Flor chi. I am fermium with and accomplished agent, or both in the State of Flor chi. I am fermium with and accomplished agent, or both in the State of Flor chi. I am fermium with and accomplished agent, or both in the State of Flor chi. I am fermium with and accomplished agent, or both in the State of Flor chi. I am fermium with and accomplished agent, or both in the State of Flor chi. I am fermium with and accomplished agent, or both in the State of Flor chi. I am fermium with and accomplished agent, or both in the State of Flor chi. I am fermium with and accomplished agent, or both in the State of Flor chi. I am fermium with and accomplished agent, or both in the State of Flor chi. I am fermium with and accomplished agent, or both in the State of Fl	WRIGHT-	IN-LINE CORPORATION								
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Name	Zip	Country	Zip	Coun	try	5. Certificate o	f Status Desired			
Since 1 Address (P.O. Box Number is Not Acceptable) Since 1 Address (P.O. Box Number is Not Accept		6. Name and Address of Curren	nt Registered Agent			7. Name and Address of New Registered Agent				
Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	WOLCHE	CURICTINE			Name					ŀ
The above named entity submits this statement for the burbose of changing its registered affice or registered agent, or both, in the State of Florida. I am termilier with, and accept the dugations of registered agent. Signature part or private name of registered agent and all explanations are registered agent, or both, in the State of Florida. I am termilier with, and accept the dugations of registered agent, or both, in the State of Florida. I am termilier with, and accept the dugations of registered agent, or both, in the State of Florida. I am termilier with, and accept the dugations of registered agent, or both, in the State of Florida. I am termilier with, and accept the dugations of registered agent, or both, in the State of Florida. I am termilier with, and accept the dugation of the control of the dugation o	8225 HELENA DRIVE		Street Address (P.O. Box Number is Not Acceptable)							
B. The above named antity submits this statement for the purpose of changing its registered algent, or both, in the State of Florida. I am familier with, and accept the obligations of registered agent. SIGNATURE SIGNAT	• • • • • • • • • • • • • • • • • • • •	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								
SIGNATURE Signature transfer agents of privated reginated agent, one late if applicable. (NOTE Registered Agent signature required where relatedating) DATE		<u> </u>			<u> </u>					i
SCHABLEN A Special or primed rumen temperment agrorm and liter of agrorm and litera	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. I am familiar with, and accept the obvigations of registered agent.									
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		L pertify that the information supplied w	ith this filing does not qualify f			action 119.07(3)(i)	. Florida`Statutes 1	further cert	ifv that the ir	oformation

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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or or an attachment with an address, with all other like empowered.

SIGNING OFFICER OR DIRECTOR