## **2003 FOR PROFIT CORPORATION**

20 UN	003 FOR PROFI	T CORPOR	ATION T (UBR)	FILED Jan 27, 2003 8:00 am
DOCU	DOCUMENT # P96000096911			Secretary of State 01-27-2003 90330 034 ***150.00
	DUSTRIAL SUPPLY COMPA	NY, INC.		)
Principal Place P © BOX 490 FT PIERCE PI		Mailing Address C/O STEPHEN A HOULD 444 THIRD STREET NEPTUNE BEACH FL 322 US		
2. Principal F	Place of Business  W. HAMBURG ST.	3. Mailing Address Suite, Apt. #, etc.		
	<u> </u>	City & State		CHECK HERE IF MAKING CHANGES  4. FEI Number FO 0.15000   Applied For
BALTA	MORE, And	<u></u>		59-3415267 Not Applicable
Z 123	O USA	Zip	Country	5. Certificate of Status Desired   \$8.75 Additional Fee Required
	6. Name and Address of Current	Registered Agent	Name	7. Name and Address of New Registered Agent
HOULD, STEPHEN A ESQ 444, THIRD ST.				(P.O. Box Number is Not Acceptable)
NEPTUNE	BEACH FL 32266	T.		
			City	FL Zip Code
	named entity submits this statement fo ions of registered agent.	the purpose of changing its	registered office or registe	ered agent, or both, in the State of Florida. I am familiar with, and accept
SIGNATIONE .	Signature, typed or printed name of registered agent a	nd title if applicable. (NOT	E: Registered Agent signature require	od when reinstating) DATE
F After	ILE NOW!!! FEE IS \$150.00 r May 1, 2003 Fee will be \$550.00 k Payable to Florida Department of	State		9. Election Campaign Financing Trust Fund Contribution. Added to Fees
10.	OFFICERS AND		11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HORN, EMANUEL 1200 HAMBURG ST. BALTIMORE MD 21230	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS	VP/D SCHLOSS, HOWARD 1200 HAMBURG ST	☐ Delete	TITLE NAME STREET ADDRESS	☐ Change ☐ Addition
CITY-ST-ZIP TITLE NAME	BALTIMORE MD 21230 ~ VP/D SINGER, PAUL	☐ Delete	TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP	1200 HAMBURG ST W BALTIMORE MD 21230		STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROSENBLATT, HOWARD 1200 W HAMBRUG ST BALTIMORE MD 21230	☐ Delete ;	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME	P/D DUFRENE, OTIS	☐ Delete	TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP	1200 W HAMBURG ST BALTIMORE MD 21230		STREET ADDRESS CITY-ST-ZIP	
TITLE NAME		☐ Delete·	TITLE NAME	☐ Change ☐ Addition
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS City-St-Zip	
<ol> <li>I hereby conditions indicated of the corchanged.</li> </ol>	certify that the information supplied with on this report or supplemental report is poration or the receiver of trustee empo or on an attachmony of a paddress, w	this filing does not qualify fo true and accurate and that r wered to execute this report ith all other like empowered.	r the exemption stated in S ny signature shall have the as required by Chapter 60	ection 119.07(3)(i), Florida Statutes. I further certify that the information same legal effect as if made under oath; that I am an officer or director 7, Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE: /

TURE OTESIDGERENE
PPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

1-20-03 443 831 6357 Daytime Phone #

CR2E034 (10/02)