2001 UNIFORM BUSINESS REPORT (UBR)

Jan 25, 2001 8:00 am DOCUMENT # P9700005803 **Secretary of State** 1. Entity Name JACKSON MAGNETIC ENTERPRISES INC. 01-25-2001 90099 005 ***150.00 Principal Place of Business Mailing Address 2900 N COURSE DR 2900 N COURSE DR **APT 307 APT 307** POMPANO BEACH FL 33069 POMPANO BEACH FL 33069 2. Principal Place of Business 3. Mailing Address 1034 Ashtord Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0733048 Not Applicable Country A-Zip Country \$8.75 Additional 5. Certificate of Status Desired. Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent JACKSON-ZIER, KATHLEEN S Street Address (P.O. Box Number is Not Acceptable) 2900 N. COURSE DR., BLDG 53, UNIT 307 POMPANO BEACH FL 33069 City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 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. П Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS CR2E034 (10/00) ☐ Addition TITLE ☐ Delete TITLE JACKSON-ZIER, Kathleen NAME JACKSON, KATHLEEN NAME 1634 Ashford Court Ft. Collins, CO 8052 STREET ADDRESS STREET ADDRESS 1034 ASHFOD CT CITY-ST-7IP CITY-ST-7IP FORT COLLINS CO 80526 **Change** ZIER, Richard ■ Addition TITLE ST ☐ Delete TITLE NAME RICH, RICHARD NAME STREET ADDRESS STREET ADDRESS 1034 ASHFORD DR Ft. Collins Co 80526 CITY-ST-ZIP CITY-ST-ZIP FORT COLLINS CO 80526 The Change ☐ Addition TITLE ☐ Delete TITLE NAME SIMPSON, V R NAME STREET ADDRESS STREET ADDRESS 117 FAIRWAY DR CITY-ST-ZIP CITY-ST-ZIP **CLINTONVILLE WI 54929** TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITL F ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 of trustee 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 fike empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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