2001 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 30, 2001 8:00 am Secretary of State DOCUMENT # P9700083570 1. Entity Name VANAIR, INC. 04-30-2001 90094 008 ***150.00 Principal Place of Business Mailing Address 12995 S. CLEVELAND AVE., STE. 214 12995 S. CLEVELAND AVE., STE, 214 FT. MYERS FL 33907 FT. MYERS FL 33907 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0786676 Not Applicable 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 Name HAFELE. DALE G Street Address (P.O. Box Number is Not Acceptable) 12995 S. CLEVELAND AVE., STE. 214 FT. MYERS FL 33907 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 After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. CR2E034 (10/00) TITLE Delete TITLE ☐ Change Addition WILLIAMS, THOMAS L NAME 212 E. 3RD ST., STE, 300 STREET ADDRESS STREET ADDRESS CINCINNATI OH 45202 CITY-ST-7:P CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition TITLE WILLIAMS, W. JOSEPH JR. NAME NAME 212 E. 3RD ST., STE. 300 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CINCINNATI OH 45202 CITY-SY-ZIP ☐ Delete TITLE ☐ Change Addition GROTE, RICHARD W NAME 212 E. 3RD ST., STE. 300 STREET ADDRESS STREET ADDRESS City-St-ZIP CINCINNATI OH 45202 CITY - ST - Z!P Change Addition TITLE ☐ Delete GROTE, THOMAS D NAME NAME 212 E. 3RD ST., STE. 300 STREET ADDRESS STREET ADDRESS CINCINNATI OH 45202 C:TY-ST-ZIP CITY-ST-ZIP Change Addition TITLE Delete HAFELE, DALE NAME NAME 12995 S. CLEVELAND AVE. STE. 214 STREET ADDRESS STREET ADDRESS FORT MYERS FL 33907 CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLS SPREHN, SUSAN M NAME NAME 12995 S. CLEVELAND AVE. STE. 214 STREET ADDRESS STREET ADDRESS FORT MYERS FL 33907 CITY-ST-ZIP

13. Thereby certify that the information supplied with this filling 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 trusted 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.