2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 26, 2001 08:00 AM DOCUMENT # P97000105036 1. Entity Name **Secretary of State** RICO INSULATION CORP. Principal Place of Business Mailing Address 4310 NW 51 STREET 4310 NW 51 STREET COCONUT CREEK FL COCONUT CREEK FL33073 33073 US 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 65-0801088 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent AMERILAWYER 343 ALMERIA AVENUE Street Address (P.O. Box Number is Not Acceptable) CORAL GABLES FL33134 US 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. 04/26/2001 Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition CR2E034 (11/00) X Change STEGEMOLLER MAME RANDY NAME STEGEMOLLER RANDY 4310 NW 51 STREET STREET ADDRESS STREET ADDRESS 4310 NW 51 STREET CITY-ST-ZIP COCONUT CREEK FL 33073 CITY-ST-ZIP COCONUT CREEK 33073 ☐ Delete VSD TITLE ☐ Change NAME CRUZ KAREN NAME STREET ADDRESS 4310 NW 51 STREET STREET ADDRESS CITY-ST-ZIP COCONUT CREEK FL 33073 CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition CRUZ NAME STREET ADDRESS 4310 NW 51 STREET STREET ADDRESS CITY-ST-ZIP COCONUT CREEK 33073 CITY-ST-ZIP TITLE Delete Сhапде TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 or 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 like empowered.

04/26/2001

Daytime Phone #

Date

SIGNATURE: __KAREN A. CRUZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR