2001 UNIFORM BUSINESS REPORT (UBR)

FILED May 12, 2001 8:00 am Secretary of State DOCUMENT # **P98000070796** 1. Entity Name CHATHAM MANUFACTURING CORP. 05-12-2001 90054 038 ***150.00 Principal Place of Business Mailing Address 300 E PARK AVE 300 E PARK AVE TALLAHASSEE FL 32301 TALLAHASSEE FL 32301 ~~ * ~ ~ ~ ~ ~ ~ 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3524731 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name F & L CORP Street Address (P.O. Box Number is Not Acceptable) 200 LAURA ST JACKSONVILLE FL 32201 Zip Code City FL 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 DATE 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition CE₀ TITLE ☐ Delete TITLE BATEMAN, FREDRICK L NAME NAME STREET ADDRESS STREET ADDRESS 300 EAST PARK AVENUE CITY-ST-ZIP CITY-ST-7IP TALLAHASSEE FL 32301 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition ☐ Delete TITLE NAME NAME 5. 1 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITI E TITLE NAME NAME STREET ADDRESS STREET ADDRESS

filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 to secute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information supplied wij indicated on this report or supplemental report of the corporation or the receiver or trustee of changed, or on an attachment with an address ier like empowered.

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE: Frederit ck Typep of Bankermant of Situage of Ficer or Director

(850) 222-6100

Daytime Phone #

Date