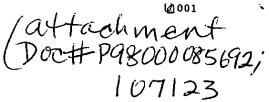
DOCUMENT # P98000085692 Aug 02, 2000 8:00 am Secretary of State 1. Entity Name TNW CONNECTORS, INC. 01-19-2000 90294 023 ***150.00 Principal Place of Business Mailing Address C/O JOHN P. DUNNE C/O JOHN P. DUNNE 10833 70TH AVE. N. 10833 70TH AVE. N. SEMINOLE FL 33772-6304 SEMINOLE FL 33772 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Carlo DUNNE, JOHN P ... Street Address (P.O. Box Number Is Not Acceptable) 10833-70TH-AVE: NORTH SEMINOLE FL 33772 Zip Code City 8. The above named entity submits this statement for the purpose of changing in registered office or registered agent, or both, in the State of Florida. SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12 11 ☐ Addition ☐ Change Delete TILE TITLE NAME NORGAARD, THOMAS W NAME STREET ADDRESS STREET ADDRESS 10833 70TH AVE. N. CITY-ST-ZIP CITY-ST-ZIF SEMINOLE FL 33772 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NORGAARD, BIRGITTE W NAME STREET ADDRESS STREET ADDRESS 10833 70TH AVE. N. COV-ST-7IP CITY-ST-ZIF SEMINOLE FL 33772 ☐ Addition □ Change TITLE ☐ Delete TITLE OSIO NORGAARD, JORGEN M NAME NAME STREET ADDRESS STREET ADDRESS 10833 70TH AVE. N. CITY-ST-ZIP CITY-ST-ZIP SEMINOLE FL 33772 Addition Change T ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ■ Addition TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition TITLE ☐ Change Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby 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 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. SIGNATURE:





FACSIMILE TRANSMISSION INTERNAL REVENUE SERVICE

ATLANTA SERVICE CENTER
PO BOX 47-421
TELE-TIN UNIT STOP 751
DORAVILLE, GA 30362

DATE 7/24	_ RECD_	TIME
NAME	· · ·	FAX NUMBER
IF YOU HAVE ANY DIT	STIONS ARC	727 - 3/9-9549 OUT ANY FAX RECEIVED FROM OUR
OFFICE PLEASE CALL	US AT (678) 5	30-7925 OR (678) 530-7902.
TOTAL PAGE: 1		
RECEIVE WRITTEN NO IDENTIFICATION NUM	TIFICATION RED(S) WITH	D AN EMPLOYER IDENTIFICATION SHOWN BELOW, YOU SHOULD OF YOUR EMPLOYER
COMPANY NAME: Th	w Con	netro de
EMPLOYER IDENTIFICATION NUMBER (EIN): 59-3645178		
COMPANY NAME:	·	-
EMPLOYER IDENTIFICATION NUMBER (EIN):		
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