2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 20, 2000 8:00 am Secretary of State DOCUMENT # P98000098256 1. Entity Name KERN-HAUS BUILDING SYSTEMS CORPORATION 03-20-2000 90126 046 ***150.00 Mailing Address Principal Place of Business 1505 SE 40TH STREET %777 LANTANA ROAD LANTANA FL 33462 SHITE C CAPE-CORAL FL-33804-7913---2. Principal Place of Business 3. Mailing Address P.O. BOX Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0878573 Not Applicable \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Financial Services -H.S. BLAIR & ASSOCIATES, INC. -1505-SE-40TH-STREET--SUITE C-CAPE-CORAL-FL-33904-8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, if the State of Florida. SIGNATURE Signature, typed or printed name of registered agent and title if apraicable. (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, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Addition TITLE n Delete TITLE KERN, KLAUS NAME NAME STREET ADDRESS **AM HIMMELFELD 2** STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 56410 MONTABAUR, GERMANY ☐ Addition TD Change ☐ Delete TITLE TITLE BASS MICHAEL BASS, WOLFGANG NAME AHORNWEG 11 STREET ADDRESS STREET ADDRESS AHNORNWEG 11

89551 KOENIGSBRONN, GERHANY CITY-ST-ZIF 89551 KONIGSBRONN - GERMANY CITY-ST-7IP ☐ Addition De ete TITLE TITLE HILLE, H.-DIETER NAME OSTENBERGSTRASSE 18 STREET ADDRESS STREET ADDRESS **OSTENBERGSTRAFFE 18** CITY-ST-ZIP CITY-ST-ZIP 31084 FREDEN, GERMANY Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-7IP 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 Justee empowered to secure 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:

SIGNING OFFICER OR DIRECTOR