FILED 2000 UNIFORM BUSINESS REPORT (UBR) May 03, 2000 8:00 am Secretary of State **DOCUMENT # V50544** 1. Entity Name 05-03-2000 90062 022 ***150.00 LDM INDUSTRIES INC. Mailing Address Principal Place of Business PO BOX 292396 8338 SHENANDOAH RUN TAMPA FL 33687-2396 WESLEY CHAPEL FL 33544 US 2. Principal Place of Business 3. Mailing Address 13010 OCASTA AUE. OC ASTA AVE. 13010 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FE! Number 59-3136926 NEW RICHEY Not Applicable NEW PORT RICHEY , FL Country Zip \$8.75 Additional Zio 5. Certificate of Status Desired USA 34 654 USA 34654 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MILLER LUCIEN MILLER, LUCIEN B. Street Address (P.O. Box Number is Not Acceptable) 8338 SHENANDOAH RUN **WESLEY CHAPEL FL 33544** TUE. 13010 OCASTA City NEW PORT RICHEY 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 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 (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. PSO Change Addition TITLE ☐ Delete TITLE MILLER, LUCIEN B., IZ MILLER, LUCIEN B., V NAME 13010 OCASTA AVE. STREET ADDRESS 8338 SHENANDOAH RUN STREET ADDRESS CITY-ST-ZIP 34654 CITY-ST-ZIE WESLEY CHAPEL FL NEW PORT RICHEY, FL Change Addition ☐ Delete **VTD** TITLE SCARLETT KLEIN MILLER, DARLA K. NAME NAME 13010 OCASTA AUE. STREET ADDRESS STREET ADDRESS 8338 SHENANDOAH RUN CITY-ST-ZIP CITY-ST-ZIE NEW PORT RICHEY WESLEY CHAPEL FL 34654 Delete ___ ____ Change TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIE Addition ☐ Change Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE

13. Thereby 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 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 ah address, with all other like empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: .

NAME

STREET ADDRESS

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

LUCIEN B. MILLER IT 4-20-00 856-4136