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May 12 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000053685 (0)

1. Corporation Name
OHIO LUBES, INC.

Principal Place of Business

790 PERSHING ROAD
RALEIGH NC 27608

Mailing Address

790 PERSHING ROAD
RALEIGH NC 27608-2712

3. Date Incorporated or Qualified

07/12/1995

3a. Date of Last Report

05/17/1996

4. FEI Number

65-0631108

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME CONWAY, STEPHEN
STREET ADDRESS 902 CLINT MOORE ROAD, SUITE 100
CITY-ST-ZIP BOCA RATON FL 33487

TITLE V ☐ DELETE

NAME CONWAY, JERRY
STREET ADDRESS 790 PERSHING ROAD
CITY-ST-ZIP RALEIGH NC 27608

TITLE AS ☐ DELETE

NAME KAUFFMAN, MARTIN
STREET ADDRESS 902 CLINT MOORE ROAD, SUITE 100
CITY-ST-ZIP BOCA RATON FL 33487

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS 902 CLINT MOORE RD, SUITE 220
1.4 CITY-ST-ZIP

2.1 TITLE VD ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ST ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS 902 CLINT MOORE RD, SUITE 220
3.4 CITY-ST-ZIP

4.1 TITLE V AS ☐ Change ☒ Addition

4.2 NAME R. LEWIS STANFORD
4.3 STREET ADDRESS 790 PERSHING ROAD
4.4 CITY-ST-ZIP RALEIGH, NC 27608

5.1 TITLE AS ☐ Change ☒ Addition

5.2 NAME JENNIFER LEE ENNIS
5.3 STREET ADDRESS 790 PERSHING ROAD
5.4 CITY-ST-ZIP RALEIGH NC 27608

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/97 919-828-9511
Date Daytime Phone #

CR2E034 (9/96)