FILED

Apr 26, 2001 8:00 am Secretary of State DOCUMENT # P96000068761 MARCUS INDUSTRIES, INC. 04-26-2001 90238 046 ***150.00 Principal Place of Business Mailing Address 7051 WEST COMMERCIAL BLVD. P.O. BOX 10434 SUITE 3C SCOTTEDATE AZ 85271-0434 TAMARAC FL 33319 2. Principal Place of Business 3. Mailing Address Pe Box 10434 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0692738 ScoHsdale Αz Not Applicable Country USA \$8.75 Additional 5. Certificate of Status Desired \Box USA Fee Required Arizona 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION COMPANY OF MIAMI Street Address (P.O. Box Number is Not Acceptable) 201 SOUTH BISCAYNE BOULEVARD 1600 MIAMI CENTER MIAMI FL 33131 Zip Code 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 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 11. OFFICERS AND DIRECTORS 12. ☐ Addition ☐ Delete TITLE TITLE MARCUS Philippe MARCUS, PHILIPPE NAME NAME P. o Box 10434. STREET ADDRESS 8533 E. PORTLAND STREET ADDRESS Scotsdale Az 85257-4121 CITY-ST-7IP CITY-ST-ZIP SCOTTSDALE AZ 85257-4121 Change Addition TITLE ☐ Delete TITLE MARCUS VALERIE NAME MARCUS, VALERIE NAME P.O BOX 10434. STREET ADDRESS 8533 E. PORTLAND STREET ADDRESS Scottsdale Az CITY-ST-ZIP CITY-ST-ZIP SCOTTSDALE AZ 85257-4121 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME . . STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY - ST - 71P TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITI F ☐ Delete TITI F ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 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:

R. TOOLS

Prilips MARCU

1117 a 480.7

480.251-0495

Daytime Phone #