2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # 687079 Apr 11, 2000 8:00 am Secretary of State VERTEX OPTICAL, INC. 04-11-2000 90217 045 ***150.00 Principal Place of Business Mailing Address 1109 NW 5TH AVE 169 NE 2ND AVE DELRAY BEACH FL 33444-2909 DELRAY BCH FL 33444 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2031080 Not Applicable Country \$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 Name MUSCHETT, HENRY Street Address (P.O. Box Number is Not Acceptable) 169 NE 2ND AVE DELRAY FL 33444 Zip Code City 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable DATE (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 (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition ☐ Delete TITLE TITLE NAME NAME MUSCHETT, HENRY STREET ADDRESS STREET ADDRESS 1109 N.W. 5TH AVE. CITY-ST-ZIP CITY-ST-ZIP DELRAY BCH, FL 00000 Addition Change TITLE ☐ Delete TITLE NAME MUSCHETT, CELIA NAME STREET ADDRESS 1109 N.W. 5TH AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DELRAY BCH, FL 00000 Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete 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 TITLE ☐ Delete TITLE 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.