2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered

GHATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED DOCUMENT #831462 Apr 03, 2000 8:00 am Secretary of State 1. Entity Name ECOLOCHEM, INC. 04-03-2000 90200 026 ***150.00 Principal Place of Business Mailing Address 4545 PATENT ROAD 4545 PATENT ROAD NORFOLK VA 23502 NORFOLK VA 23502-5604 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 54-0947592 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (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 Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Change TITLE ☐ Delete TITLE ☐ Addition DICKERSON, LYMAN C. (CHRM) NAME NAME 3100 SHORE DR 2448 Starfish Road STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VA. BEACH VA 23451 VA.Beach VA 23451 VD TITLE ☐ Delete TITLE ★ Change Addition NAME DICKERSON, RICHARD C. NAME STREET ADDRESS 1609 MOORE'S LANE STREET ADDRESS 4545 Patent Road CITY-ST-ZIP CITY-ST-ZIP VA. BEACH VA Norfolk, VA 23502 STD TITLE ☐ Addition ☐ Defete Change NAME DICKERSON, DOUGLAS G. NAME STREET ADDRESS 1204 KAMICHI CT STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP VA. BEACH VA 23451 ☐ Delete TITLE Addition Change DICKERSON, LYMAN B NAME NAME STREET ADDRESS 280 LEUCADENDRA DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **CORAL GABLES FL** ☐ Defete Change ☐ Addition TITLE 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-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

Douglas G. Dickerson Sec/Treas

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