2004 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 20, 2004 8:00 am **Secretary of State DOCUMENT # F02000003020** 01-20-2004 90079 012 ***158.75 1. Entity Name ADAXCO, LTD. INC. Principal Place of Business Mailing Address **44004683 302 CARNEGIE CENTER 302 CARNEGIE CENTER** PRINCETON, NJ 08540 PRINCETON, NJ 08540 2. Principal Place of Business 3. Mailing Address 4325 Woodland Park Dr. 4325 Woodland Park Dr. Suite, Apt. #, etc. Suite, Apt. #, etc. 01152004 CR2E034 (10/03) Cha-P Suite 102 Suite 102 Applied For City & State City & State 4. FEI Number W.Melbourne, FL W.Melbourne, 09-0629236 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 32904 Fee Required USA 32904 USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE, FL 32301-2525 City Zip Code 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. I am familiar with, and accept the obligations of registered agent, SIGNATURE. Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. Change XIX Addition TITLE ☐ Delete TITLE D BRAGG, GARY L NAME NAME Pitners Shannon STREET ADDRESS 531 PLYMOUTH RD., SUITE 500 STREET ADDRESS 410 N. Miramar Ave. CITY-ST-ZIP PLYMOUTH MEETING, PA 19462 CITY-ST-ZIP Indialantic, FL 32903 D XX Delete TITLE TITLE Change XX Addition STOLZ, WERNER NAME NAME Chhatwal, Singh STREET ADDRESS **EICHENDRUNDWEG 10** STREET ADDRESS 4325 Woodland Park Dr., Ste 102 CITY-ST-ZIP CH-6343-RISCH, SWITZERLAND, CITY - ST-ZIP W.Melbourne, FL 32904 Delete TITLE TITI F ☐ Change ☐ Addition VERGE, WILLIAM NAME NAME 329 PIACONE LANE STREET ADDRESS STREET ADDRESS KEY WEST, FL 33040 CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TINE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - 7IP CITY-ST-ZIP Delete TITLE TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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12. 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 10 or Block 11 if

CITY-ST-ZIP

321-724-959