2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State
04-28-2003 90128 037 ***150.00

DOCUMENT # F94000000571

1. Entity Name
AIRSEP CORPORATION

Principal Place of Business	Mailing Address
290 CREEKSIDE DR.	290 CREEKSIDE DR.
BUFFALO NY 14228-2070	BUFFALO NY 14228-2070

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
401 CREEKSIDE DR.	401 CREEKSIDE DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: BUFFALO, NY	City & State: BUFFALO NY
Zip: 14228 Country: USA	Zip: 14228 Country: USA

4. FEI Number 16-1290939 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RADER, STEVE
2880 SCHERER DRIVE
ST. PETERSBURG FL 33716

7. Name and Address of New Registered Agent

Name: ~~RADER, STEVE~~
Street Address (P.O. Box Number is Not Acceptable): 11871 34TH ST NORTH
City: ST. PETERSBURG FL Zip Code 33716

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

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CCEO	☐ Delete	TITLE	CCEO	☒ Change ☐ Addition
NAME	BANSAL, RAVINDER K PHD		NAME	BANSAL, RAVINDER K PHD	
STREET ADDRESS	290 CREEKSIDE DR.		STREET ADDRESS	401 CREEKSIDE DR.	
CITY-ST-ZIP	BUFFALO NY		CITY-ST-ZIP	BUFFALO NY	
TITLE	PCOO	☐ Delete	TITLE	PCOO	☒ Change ☐ Addition
NAME	PRIEST, JOSEPH L		NAME	PRIEST JOSEPH L	
STREET ADDRESS	290 CREEKSIDE DR.		STREET ADDRESS	401 CREEKSIDE DR.	
CITY-ST-ZIP	BUFFALO NY		CITY-ST-ZIP	BUFFALO, NY	
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
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		

CR2E034 (10/02)

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

SIGNATURE: Joseph L. Priest, Pres. 4/17/03 716-691-0202
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #