2001 UNIFORM BUSINESS REPORT (UBR)

Apr 11, 2001 8:00 am Secretary of State DOCUMENT # F95000005320 1. Entity Name SUNOL MOLECULAR CORPORATION 4-11-2001 90012 028 ***150.00 Principal Place of Business Mailing Address 2810 NORTH COMMERCE PARKWAY 2810 NORTH COMMERCE PARKWAY MIRAMAR FL 33025 MIRAMAR FL 33025 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 65-0613751 Not Applicable Zip Country Zip 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 HUANG: BEE-YAU=.. Street Address (P.O. Box Number is Not Acceptable) 2966 WENTWORTH WESTON FL 33332 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. Bea - You Huans SIGNATURE (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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees П (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. ☐ Addition PTD TITLE ☐ Change TITLE ☐ Delete NAME WONG, HING CHEUNG NAME STREET ADDRESS STREET ADDRESS 2966 WENTWORTH CITY-ST-ZIP CITY-ST-ZIP WESTON FL 33332 Change ☐ Addition TITLE ☐ Delete TITLE HUANG, BEE-YAU NAME NAME STREET ADDRESS STREET ADDRESS 2966 WENTWORTH CITY-ST-7IP CITY-ST-7IP WESTON FL 33332 □ Change ☐ Addition TITLE Delete TITLE NAME TAYLOR, DEAN NAME STREET ADDRESS STREET ADDRESS 2563 BAY POINTE DRIVE CITY-ST-ZIP CITY-ST-ZIP WESTON FL 33327 Product Development Addition TITLE TITLE ☐ Delete NAME NAME Claire Thuring STREET ADDRESS STREET ADDRESS 21 Tropical Way CITY-ST-ZIP CITY-ST-7IP Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Detete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 of 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:

SIGNATURE AND TYPED OR PRINTED TAME OF SIGN

M PATRICK J. CUSICK

4/5/01 Date (954) 443 -8600 Ext