05/09/2002 13:50 9547575201 PDT SOUTHEAST
05/09/2002 11:49 8478213020 PRODUCT DEVELO

FILED
May 29, 2002 8:00 am
Secretary of State

04-24-2002 90400 020 ***150.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000004497

1. Entity Name
PRODUCT DEVELOPMENT TECHNOLOGIES, INC.

Principal Place of Business	Mailing Address
600 HEATHROW DR. LINCOLNSHIRE IL 60069	600 HEATHROW DR. LINCOLNSHIRE IL 60069

2. Principal Place of Business	3. Mailing Address
Suite, Apt #, etc.	Suite, Apt #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 39-4042503 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
CASTANEDA, JULIO C
210 N UNIVERSITY DRIVE
STE 810
CORAL SPRINGS FL 33071

7. Name and Address of New Registered Agent
Name: Peter Iezzi
Street Address (P.O. Box Number is Not Acceptable): Same
City: FL 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.

SIGNATURE: Peter Iezzi President [signature] 1/4/02
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After May 1, 2002 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: P / NAME: CASTANEDA, JULIO C / STREET ADDRESS: 210 N UNIVERSITY DRIVE STE 810 / CITY-ST-ZIP: CORAL SPRINGS FL 33071	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: V / NAME: IEZZI, PETER / STREET ADDRESS: 210 N UNIVERSITY DR STE 810 / CITY-ST-ZIP: CORAL SPRINGS FL 33071	☐ Delete	TITLE: P / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition
TITLE: CD / NAME: SCHWARTZ, MARK / STREET ADDRESS: 600 HEATHROW DR. / CITY-ST-ZIP: LINCOLNSHIRE IL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: VD / NAME: SEVENK, SCOTT / STREET ADDRESS: 600 HEATHROW DR. / CITY-ST-ZIP: LINCOLNSHIRE IL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: D / NAME: MAY, DAVID / STREET ADDRESS: 600 HEATHROW DR. / CITY-ST-ZIP: LINCOLNSHIRE IL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE: D / NAME: WILTGEN, RAY / STREET ADDRESS: 600 HEATHROW DR. / CITY-ST-ZIP: LINCOLNSHIRE IL	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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.

SIGNATURE: [signature] Mark W. Schwartz 1/4/02 (847)821-2040
(Signature and typed or printed name of signing officer or director) Date Daytime Phone #

CR2E034 (8/01)