2004 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # F99000004497 03-01-2004 90042 032 ***150.00 PRODUCT DEVELOPMENT TECHNOLOGIES, INC. Principal Place of Business Mailing Address 44014269 600 HEATHROW DR. 31 C 127 138 131 600 HEATHROW DR. LINCOLNSHIRE, IL 60069 LINCOLNSHIRE, IL 60069 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02242004 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 36-4042508 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name IEZZI, PETER Street Address (P.O. Box Number is Not Acceptable) 210 N UNIVERSITY DRIVE **STE 810** CORAL SPRINGS, FL 33071 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, 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 OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Addition IEZZI, PETER NAME NAME STREET ADDRESS 210 N UNIVERSITY DR STE 810 STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS, FL 33071 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition SCHWARTZ, MARK NAME NAME STREET ADDRESS 600 HEATHROW DR. STREET ADDRESS CITY-ST-ZIP LINCOLNSHIRE, IL CITY-ST-ZIP TITLE VD Delete TITLE Change Addition SEMENIK, SCOTT --SEMENK, SCOTT NAME NAME STREET ADDRESS 600 HEATHROW DR. STREET ADDRESS CITY-ST-ZIP LINCOLNSHIRE, IL CITY-ST-ZIP TITLE Delete TITLE [] Change CONTINUE CON MAY, DAVID NAME NAME STREET ADDRESS 600 HEATHROW DR. STREET ADDRESS LINCOLNSHIRE, IL CHTY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change [] Addition WILTGEN, RAY NAME NAME STREET ADDRESS 600 HEATHROW DR. STREET ADDRESS LINCOLNSHIRE, IL CITY-ST-ZIP CITY-ST-ZIP-TITLE Delete TITLE Change Addition NAME NAME -1 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

FILED

Mar 01, 2004 8:00 am

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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Dayters Phone #