2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Mar 01, 2001 8:00 am Secretary of State DOCUMENT # K03644 HULL SPEED DATA PRODUCTS, INC. 03-01-2001 90037 043 ***150.00 Principal Place of Business Mailing Address 145 EAST DRIVE P O BOX 1749 9 % O I U O MELBOURNE FL 32901 MELBOURNE FL 32902 2. Principal Place of Business 3. Mailing Address Suite. Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-2858540 Not Applicable Zip Country 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 Name O'BRIEN, JAMES M Street Address (P.O. Box Number is Not Acceptable) 1686 WEST HIBISCUS BLVD MELBOURNE FL 32901 City Zip Code FI 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 Signature, typed or printed name of registered agent and title if applicable. DATE (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 After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE ☐ Chaone □ Addition CR2E034 (10/00 Delete NAME ESTUS, DONN R NAME STREET ADDRESS STREET ADDRESS 145 EAST DRIVE CITY - ST-ZIP CITY-ST-ZIP MELBOURNE FL 32904 ☐ Delete Change Addition TITLE TITLE DELOATCHE, JR., JAMES F NAME NAME STREET ADDRESS 145 EAST DRIVE STREE! ADDRESS CITY-ST-7IP CITY-ST-ZIP **MELBOURNE FL 32904** ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-S1-ZIP CITY-ST-7IP ☐ Delete TITLE Change Addition TITLE NAME NAME STREE1 ADDRESS STREET ADDRESS CITY-ST-ZIP CTY-ST-7IP ☐ Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CfTY - ST - ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete 111L F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 13. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida 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 3 ock 11 or 3 ock 12 if changed, or on an attachment with an address, with all other like empowered.

JAMES 7. DELOATCHE, JA. 2/23/01 321-768-0063

FILED