2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # KBI207 Apr 22, 2000 8:00 am Secretary of State Entity Name EFFICIENCY ENGINEERING AND TESTING COHPANY 04-22-2000 90072 050 ***150.00 Principal Place of Business Mailing Address 18156 BREDETTE AVE. 18156 BREDETTE AVE. PORT CHARLOTTE, FL PORT CHARLOTTE, FL 33954 33954 3. Mailing Address 2. Principal Place of Business 19156 BREDETTE AVE. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 65-0116839 Not Applicable PORT CHARLOTTE, Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 33954 CHARZO TIE 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DRUMM, PAMELY SUE Street-Address (P.O. Box Number is Not Acceptable) 18156 BREDENE AVE. PORT CHARLOTTE, FL 33954 Zip Code City 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. 4-13-00 Jumm (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees П Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PTD Change ☐ Addition TITLE TITLE ☐ Delete DRUMM, DON ALEXANDER NAME NAME 19156 BREDETTE AUE. STREET ADDRESS STREET ADDRESS POAT CHARLOTTE, FL 33954 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE DRUMM, PAHELA SUE NAME NAME 18156 BREDETTE AVE. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 33954 CITY-ST-ZIP PORT CHARLOTTE, FL ☐ Change ☐ Addition TITLE MASSEY, KEVIN NAME NAME 971-LINNEAN-TERRACE-STREET ADDRESS STREET-ADDRESS CITY-ST-ZIP CITY-ST-ZIP PORT CHARLOTTE, FL 33948 Change ☐ Addition Delete TITLE DIDE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. Thereby certify that the information supplied with this filling 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: DON A . DRUMM SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRF- 51 PENT

CR2E034 (9/99)