2002 UNIFORM BUSINESS REPORT (UBR)

Apr 16, 2002 8:00 am Secretary of State DOCUMENT 98000003268 1. Entity Name 04-16-2002 90083 030 ****50.00 AXSYS RESOURCES, L.C. Principal Place of Business Mailing Address 2961 MULBERRY DR. 2961 MULBERRY DR. TITUSVILLE FL 32780 TITUSVILLE FL 32780 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 59-3560651 Not Applicable Zip Country Zip Country \$5.00 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 GORRELL, GENE P Street Address (P.O. Box Number is Not Acceptable) 2961 MULBERRY DR. TITUSVILLE FL 32780 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES M6P TITLE MGR TITLE ☐ Delete Change ☐ Addition GORRELL, ERIC S NAME GORRELL, ERIC S NAME STREET ADDRESS 3571 EAST LONE BROOK LN STREET ADDRESS 4970 S. 900 EAST, BUILDING J CITY-ST-ZIP CITY-ST-ZIP SALT LAKE CITY UT 84177 SALT LAKE CITY, UT 8412 TITLE MGR ☐ Delete TITLE Addition NAME GORRELL, GENE P NAME STREET ADDRESS STREET ADDRESS 2961 MULBERRY DRIVE CITY-ST-ZIP CITY-ST-7IP TITUSVILLE FL 32780 TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST- ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE 02 (321) 268-4832

FILED