LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

FILED
May 29, 2002 8:00 am
Secretary of State
05-29-2002 93612 001 ****50.00
05-29-2002 93612 002 *****5.00

DOCUMENT # L99000004104

1. Entity Name

ENERGY TECHNOLOGIES GROUP LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2840 BROADHEAD Rd.	SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: ALIQUIPPA PA.	City & State: ALIQUIPPA, PA.
Zip: 15001 Country: USA	Zip: 15001 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 25 1895216 ✓ Applied For / Not Applicable

5. Certificate of Status Desired ☑ **$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: AGC Co.

Street Address (P.O. Box Number is Not Acceptable)

200S ORANGE AVENUE SUITE 2300

City: ORLANDO FL Zip Code: 32801

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: RICHARD T. FULTON VICE PRESIDENT 5-20-02
Signature, typed or printed name of registered agent and title if applicable. DATE

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE	PRESIDENT CEO
NAME	JAMES H. BISKUP SR.
STREET ADDRESS	2840 BROADHEAD Rd.
CITY-ST-ZIP	ALIQUIPPA PA. 15001
TITLE	VICE PRESIDENT
NAME	RONN A. SAMPOL
STREET ADDRESS	2840 BROADHEAD Rd.
CITY-ST-ZIP	ALIQUIPPA, PA. 15001
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NAME	
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CR2E083B (12/01)

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: James H Biskup Sr JAMES H BISKUP SR 5-20-02 724-375-4970
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #