2001 UNIFORM BUSINESS REPORT (UBR)

Apr 16, 2001 8:00 am Secretary of State **DOCUMENT # M97552** MONARCH ENGINEERED SYSTEMS, INC. 04-16-2001 90014 049 ***150.00 Principal Place of Business Mailing Address 1598 LAIGO VISTA BLVD PALM HARBOR FL 34685 1998 LAGO VISTA BLVD PALM HARBOR FL 34685 US 2. Principal Place of Business 3446 Easthake Rol DO NOT WRITE IN THIS SPACE 4. FEI-Number Applied For 59-2915508 NARBOR Not Applicable \$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 KING, STEPHEN J. Street Address (P.O. Box Number is Not Acceptable) -- 1598 LAGO VISTA BLVD PALM HARBOR FL 34685 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. 14-11-01 (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 Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. CR2E034 (10/00) TITLE ☐ Delete ☐ Change KING, STEPHEN J. NAME NAME 1598 LAGO VISTA BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM HARBOR FL CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE KING, DOROTHY NAME NAME 1598 LAGO VISTA BLVD STREET ADDRESS STREET ADDRESS PALM HARBOR FL CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE KING, STEPHEN J. NAME NAME 1598 LAGO VISTA BLVD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PALM HARBOR FL CITY-ST-ZIP TITLE ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CiTY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

ING OFFICER OR DIRECTOR