

2001 UNIFORM BUSINESS REPORT (UBR)

FILED

Feb 26, 2001 08:00 AM
Secretary of State

DOCUMENT # M99000000028

1. Entity Name
DRILTECH MISSION LLC

| | |
|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| Principal Place of Business STATE ROAD 235, DRILTECH DR. ALACHUA FL 32615 | Mailing Address STATE ROAD 235, DRILTECH DR. ALACHUA FL 32615 |
|-------------------------------------------------------------------------------------|-------------------------------------------------------------------------|

| | |
|------------------------------------------------------------|------------------------------------------------|
| 2. Principal Place of Business 13500 NW COUNTY ROAD 235 | 3. Mailing Address 13500 NW COUNTY ROAD 235 |
|------------------------------------------------------------|------------------------------------------------|

| | |
|---------------------|---------------------|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
|---------------------|---------------------|

| | |
|----------------------------|----------------------------|
| City & State ALACHUA FL | City & State ALACHUA FL |
|----------------------------|----------------------------|

| | | | |
|--------------|---------|--------------|---------|
| Zip 32615 | Country | Zip 32615 | Country |
|--------------|---------|--------------|---------|

| | |
|------------------------------------|--------------------------------------------------------|
| 4. FEI Number 59-3545694 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--------------------------------------------------------|

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324 US

7. Name and Address of New Registered Agent

Name
 C T CORPORATION SYSTEM
 Street Address (P.O. Box Number is Not Acceptable)
 1660 E. JEFFERSON STREET
 City
 TALLAHASSEE FL Zip Code
 32301

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 _____ DATE **02/26/2001**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

| 9. MANAGING MEMBERS / MEMBERS | |
|------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR OLOF LUNDBLAD DRILTECH DRIVE ALACHUA FL 32615 <input checked="" type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR LEVY DAVID DRILTECH DRIVE ALACHUA FL 32615 <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 10. ADDITIONS / CHANGES | |
|------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR LEVY DAVID 13500 NW COUNTY ROAD 235 ALACHUA FL 32615 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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: David Levy VP Date **02/26/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #

CR2E083 (11/00)