2002 UNIFORM BUSINESS REPORT (UBR)

May 21, 2002 8:00 am Secretary of State DOCUMENT # P00000064998 1. Entity Name 05-21-2002 91136 041 ***150.00 THE HADRIAN CORPORATION Principal Place of Business Mailing Address 1648 PERIWINKLE WAY C/O PETER E. KELLY, ESQ. STE A-1 P O BOX 891 SANIBEL FL 33957 SANIBEL FL 33957 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 65-1083846 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent ~ -7. Name and Address of New Registered Agent -----Name KELLY, PETER E Street Address (P.O. Box Number is Not Acceptable) 1648 PERIWINKLE WAY, STE. A-1 SANIBEL FL 33957 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE CR2E034 (9/01) ☐ Delete ☐ Addition NAME KELLY, ROXANNE A NAME STREET ADDRESS P O BOX 891 STREET ADDRESS CITY-ST-7IP SANIBEL FL 33957 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME KELLY, PETER E NAME STREET ADDRESS STREET ADDRESS P O BOX 891 CITY-ST-ZIP CITY-ST-7IP SANIBEL FL 33957 - Delete -TITLE ---☐ Change — ☐ Addition -NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition 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 ☐ 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

SIGNATURE:

changed, or on an attachment with an address, with all other like empowered

FILED