FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 06, 2002 8:00 am § Secretary of State DOCUMENT # P95000012196 1. Entity Name 05-06-2002 90079 015 ***150.00 CHARDE GROUP, INC. Principal Place of Business Mailing Address 207 NO COLLIER BLVD C/O B.R. GLYNN MARCO ISLAND FL 33937 169 GODFREY RD LUDLOW VT 05149 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0572223 MARI Not Applicable Zip Country \$8,75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MORRIS, WILLIAM G Street Address (P.O. Box Number is Not Acceptable) 247 NO COLLIER BLVD STE 202 MARCO ISLAND FL 34145 office or registered agent, or both, in the State of Florida 8. The above named entity submits this statement for the purpose of co nging its register (NOTE: Registered Agent signature required when reinstating) printed name degistered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS CR2E034 (9/01) ☐ Delete TITLE Change ☐ Addition TITLE JOSEPH CHARDE 207 N. COLLIER BLVD. CHARDE, JOSEPH NAME NAME STREET ADDRESS STREET ADORESS 207 NO COLLIER BLVD MARCO ISLAND, FL CITY-ST-ZIP CITY-ST-ZIP MARCO ISLAND FL 34145 ☐ Addition TITLE -Delete TITLE NAME NAME DUQUET, ALLEN STREET ADDRESS STREET ADDRESS 207 N COLLIER BLVD CITY-ST-ZIP CITY-ST-7IP MARCO ISLAND FL 34145 Change ☐ Addition TITLE Delete TITLE ST NAME NAME GLYNN, BRIAN R STREET ADDRESS STREET ADDRESS 207 N COLLIER BLVD CITY-ST-ZIP CITY-ST-ZIP MARCO ISLAND FL 34145 ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Detete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. I hereby certify that the information supplied with this fill indicated on this report or supplemental report is true are of the corporation or the redeliver or the earliest changed, or on an attachmination of the corporation of the corp no qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information ate and that my dignature shall have the same legal effect at 7 made under oath: hat 2 an an officer or ejector series of the properties of the pr

SIGNATURE: