2001 UNIFORM BUSINESS REPORT (UBR)

of the corporation or the receiver of tri changed, or on an attachment with an

SIGNATURE:

Feb 03, 2001 8:00 am Secretary of State DOCUMENT # P95000046906 SV MICROWAVE COMMERCIAL PRODUCTS GROUP, INC. + 02-03-2001 90021 011 ***150.00 Principal Place of Business Mailing Address 3301 ELECTRONICS WAY STE D 3301 ELECTRONICS WAY STE D WEST PALM BEACH FL 33407 WEST PALM BEACH FL 33407 80015327 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 65-0946475 Not Applicable Zip Zip Country Country \$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 JANNEY, CJ Street Address (P.O. Box Number is Not Acceptable) 3301 ELECTRONICS WAY STE D WEST PALM BEACH FL 33407 City Zip Code FL 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) 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 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 12. ☐ Change ☐ Addition TITLE Delete TITLE MARTIN, W. C. NAME NAME 3301 ELECTRONICS WAY, #D STREET ADDRESS STREET ADDRESS CITY-ST-ZIP W PALM BEACH FL 33407 CITY-ST-ZIP ☐ Change (X) Addition X Delete MORELLI, JOHN NAME NAME Mark McWhorter 3301 ELECTRONICS WAY, #D STREET ADDRESS STREET ADDRESS 7247 Bryan Dairy Road W PALM BEACH FL 33407_ CITY-ST-ZIP CITY-ST-ZIP Largo, FL ☐ Addition TITLE ☐ Delete TITI F Change COLAIANNI, WILLIAM R NAME NAME 10 EAST 53 STREET, 30TH FLOOR STREET ADDRESS STREET ADDRESS CITY-ST-ZIE NEW YORK NY 10022 CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-7IP CITY-ST-ZIP ling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director ed to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if 13. I hereby certify that the information supplied indicated on this report or supplemental epo

all other like empowered.

INTED NAME OF SIGNING OFFICER OR DIRECTOR

C. Martin

561-840-1800

FILED