

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V12846

| 1. Corporation Name SDR INTERNATIONAL, INC. | | | | | | | |
|---|--|---|--|------------------------------|--|---|---------------------------|
| | | | | | | | |
| Principal Place | e of Business | Mailing Address | | | | <u> </u> | 01011 81011 1001 |
| 1080 GOODLETTE ROAD N 1080 GOODLETTE ROAD NOF | | | RTH | | | | |
| NAPLES FL 34102 NAPLES FL 34102 | | | | | DO NOT 1 | WRITE IN THIS SPACE | |
| US | | US | | | 3. Date Incorporated or Quali | | _ |
| | | | | | 02/10/1992 | | |
| 2. Principal Pl | ace of Business | 2a. Mailing Address | | | 4. FEI Number | <u> </u> | pplied For |
| 21 | | | | | 65-0325286 | | ot Applicable |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | 5. Certifcate of Status Desire | d '' ' | Additional equired |
| 22 | | 27 City 9 Ctata | | | | | |
| City & State | 0 - | 28 City & State | | | - 6Election Campaign Financi Trust Fund Contribution | - | May Be to Fees |
| Zip 24 | Country 25 | Zip 29 3 | Count | ry | This corporation owes the Personal Property Tax. | current year Intangible ЖYes | □No |
| <u> </u> | 9. Name and Address of Current | | <u> </u> | | 10. Name and Address of No | w Registered Agent | |
| | | · - | 8 | 1 Name | | | |
| C T CORPORATION SYSTEM | | | 8 | 12 Street A | ddress (P.O. Box Number is Not Acc | eptable) | |
| 1200 S PINE ISLAND RD PLANTATION FL 33324 | | | | | · . | | |
| ł Mai | 41A11014 1 E 35324 | | ļ | 13 | | | |
| | | | | 64 City | | FLII | Code |
| 11. Pursuant office or reagent. I a | to the provisions of Sections 607.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat | 2 and 607.1508, Florida Statute of Florida. Such change was au ions of, Section 607.0505, Flori | s, the abo thorized b da Statute | ove-named copy the corpores. | orporation submits this statement for ation's board of directors. I hereby a | the purpose of changing it could the appointment as re | s registered egistered |
| SIGNATURE | Signature, typed or printed name of registered agen | t and title if applicable (NOTE: I | Registered A | gent signature reg | quired when reinstating) | DATE | [†] |
| 12. | OFFICERS AN | | 13. | | ADDITIONS/CHANGES TO | OFFICERS AND DIRECT | ORS IN 12 |
| TITLE | D □ DELETE 1. | | 1.1 TITLE | | | ☐ Change | ☐ Addition |
| NAME | REPP, DUANE L. | | 1.2 NAM | E | | | |
| STREET ADDRESS | 300 EDGEMERE WAY | | 1.3 STRE | EET ADDRESS | | | |
| CITY-ST-ZIP | | | 1.4 CITY | -ST-ZIP | | | |
| TITLE | V | ☐ DELETE | 2.1 TITLE | E | | ☐ Change | ☐ Addition |
| NAME | REPP, THOMAS S | | 2.2 NAM | E | • | | Į |
| STREET ADDRESS | 2405 PENDLETON PLACE | | 2.3 STR | EET ADDRESS | | | |
| CITY-ST-ZIP | WAUKESHA WI 53188 | · | _ | (-ST-ZIP | | Change | - Addition |
| TITLE | - | DELETE | 3.1 TITL | | ~ | Change | · LI Rodinon |
| NAME | | | 3.2 NAM | - } | | | |
| STREET ADDRESS | • | | | EET ADDRESS (-ST-ZIP | | | |
| CITY-ST-ZIP TITLE | | ☐ DELETE | 4.1 TITLE | | | ☐ Change | ☐ Addition |
| NAME | | 2 4000.0 | 4. 2 NAM | | | | |
| STREET ADDRESS | | | 4 | EET ADDRESS | | | |
| CITY-ST-ZIP | · | | 4.4 CITY | I | | | • |
| TITLE | | ☐ DELETE | 5.1 TITLI | - | | ☐ Change | Addition |
| NAME | | | 5.2 NAM | E ∫ | • | | |
| STREET ADDRESS | | | 5.3 STR | EET ADDRESS | | | |
| CITY-ST-ZIP | | | 5.4 CITY | -ST-ZIP | | | |
| TITLE | | [] DELETE | 6.1 7TTL | E | | ☐ Change | Addition |
| NAME | | | 6.2 NAM | E ļ | | | |

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or open attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90139 002 ***150.00