2000 UNIFORM BUSINESS REPORT (UBR)

FILED Jan 25, 2000 8:00 am Secretary of State **DOCUMENT # V33945** H-WAVE TECHNOLOGY, INC. 01-25-2000 90125 028 ***150.00 Mailing Address Principal Place of Business 129 BRIER CIR. 129 BRIER CIR. JUPITER FL 33458-7370 JUPITER FL 33458-7370 R0007273 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 59-3129441 Not Aprille ---Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required - -7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KEHOE, KEVIN D. Street Address (P.O. Box Number is Not Acceptable) 2155 SYKES CREEK DR MERRITT ISLAND FL 32953 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, 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 After MAY 1, 2000 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 OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change TITLE ☐ Delete TITLE KEHOE, KEVIN D. NAME NAME 129 BRIERCIRCLE STREET ADDRESS 2155 SYKES CREEK DR STREET ADDRESS JUPITER, PL. 3345B CITY-ST-7IP CITY-ST-ZIP MERRITT ISLAND FL Change __ Addition ☐ Delete TITLE TITLE AUERBACH, BEVERLY G. NAME 125 BRIER CIRCUL STREET ADDRESS STREET ADDRESS 2155 SYKES CREEK DR JUPITER Be 33458 CITY-ST-ZIP CITY-ST-ZIP MERRITT ISLAND FL ☐ Change - ☐ Delete DITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

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 tenort 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 e empowered to execute this report in diress, with all other like empowered. changed, or on an attachment