2000 UNIFORM BUSINESS REPORT (UBR) Apr 26, 2000 8:00 am Secretary of State DOCUMENT # P97000079074 1. Entity Name WATER-RELATED INDUSTRIES, INC. 04-26-2000 90062 019 ***150.00 148 HEET Mailing Address Principal Place of Business 2200 LUCILLE LANE · ···· LUCILLE LANE **MELBOURNE FL 32935-3118** FL 32935 AUU47U04 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3467838 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PACETH---CURRY, ANJA L Street Address (P.O. Box Number is Not Acceptable) 2200 LUCILLE LANE **MELBOURNE FL 32935** LUCILLE 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 (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 Make Check Payable to Department of State - (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. PRESIDENT TITLE M Change ☐ Delete PACETHI CURRY, ANJA L NAME Li ANJA STREET ADDRESS. LUCICLE LAME 2200 LUCILLE LANE STREET ADDRESS 2200 CITY-ST-ZIP CITY-ST-ZIP MELBOURNE FL 32935 MELBOURNE, FC 32935 ☐ Change Addition TITLE Delete TITLE PACETTI, FRANK JR. NAME NAME 2200 LUCILLE LANE STREET ADDRESS STREET ADDRESS **MELBOURNE FL 32935** CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete TITLE EASLY, EUGENE E NAME 2200 LUCILLE LANE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **MELBOURNE FL 32935** ☐ Delete TITLE Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST-7JP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME

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

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-00

321-253-9181

Daytime Phone #