APPROVED.

2000 UNIFORM BUSINESS REPORT (UBR)

L99000007505 DOCUMENT # 1. Entity Name TRIO INDUSTRIAL LLC 100 MAY -1 AM 11: 23 SECRETARY OF STATE MATELAHASSEE, FLORIDA Principal Place of Business Mailing Address 7500 OLD GEORGETOWN RD. 15TH FL 7500 OLD GEORGETOWN RD. 15TH FL BETHESDA MD 20814-6133 BETHESDA MD 20814 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Applied For Not Applicable Country \$5.00 Additional Zip Zip Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State MANAGING MEMBERS/MEMBERS 10. ADDITIONS/CHANGES 9. MGR Change X Addition Delete TITLE CET Realty, Inc. 1500 Old Georgefown Rd BAME STREET ADDRESS STREET ADDRESS CITY- ST- ZIP Bethesda, MD CITY-ST-ZIP Addition ☐ Delete TITLE Change TITLE 000003256590 MARKE NAME -05/18/00--01010--020 STREET ADDRESS STREET ADDRESS *****50.00 CITY-\$1-ZIP CITY- ST- ZIP Addition ☐ Deleto TITLE TITLE MAME MAME STREET ADDRESS STREET ADDRESS CITY- ST-ZIP CITY - ST- ZIP Addition ☐ Delete Change TITLE TITLE NAME MAME

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. BY: CEI Realty, Inc. Mayr.

NAME STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

ETRIFT ADDRESS

CITY- 87- 71P

CITY-81-ZZP

TITLE

MARKE

SIGNATURE:

STRFET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-7IP

MAME

VÎTLE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Delete

☐ Delete

Change

☐ Change

Addition

Addition