2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Apr 30, 2001 8:00 am Secretary of State DOCUMENT # P97000013226 SELLMARK ELECTRONICS, INC. 04-30-2001 90001 033 ***150.00 Mailing Address Principal Place of Business 2334 E RTE 100 2334 E RTE 100 BOX BUNNELL FL 32110 BUNNELL FL 32110 US 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 59-3448866 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CHIUMENTO, MICHAEL D Street Address (P.O. Box Number is Not Acceptable) 4 OLD KINGS ROAD NORTH PALM COAST FL 32137 Zip Code City 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. DATE 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, 2001 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 12. OFFICERS AND DIRECTORS 11, ☐ Addition CR2E034 (10/00) Change ☐ Delete TITLE TITLE Suite # F2, Prospect Business Park SS / AM WILLIAMS, JOHN B NAME NAME Leadgate, Consett, 11B GREENCROFT INDUSTRIAL PARK STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **DURHAM ENGLAND DH9 7YB** County Durham, DH8 7PW_ CITY-ST-7IP ☐ Addition Change ☐ Delete TITLE Suite # F2, Prospect Business Park WILLIAMS, GILLIAN NAME Leadgate, Consett, 11B GREENCROFT INDUSTRIAL PARK STREET ADDRESS STREET ADDRESS County Durham, DH8 7PW CITY-ST-ZIP **DURHAM ENGLAND DH9 7YB FL 32137** CITY-ST-ZIP ☐ Addition Change ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7(P. CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.

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