2001 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # F00000004969 Apr 30, 2001 8:00 am Secretary of State 1. Entity Name ENABLE TECHNOLOGIES, INC. 04-30-2001 90438 020 ***150 00 Principal Place of Business Mailing Address 6850 BELFORT OAKS PLACE 6850 BELFORT OAKS PLACE JACKSONVILLE FL 32216 JACKSONVILLE FL 32216 しひひりひんりり 2. Principal Place of Business 3. Mailing Address 6621 Southpornt Drive North 6621 Southpoint Drive North Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. SK.315 5×,315 City & State City & State 4. FEI Number Applied For Indesonville, FL Isclesson, ille, FL Not Applicable 59-3668331 Zip Country \$8.75 Additional Country 5. Certificate of Status Desired 32216 32216 VSA Fee Required USA 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 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. Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PSC CEON X Change Addition TITLE Delete TITLE McClung, Rager L. MCCLUNG, ROGER L NAME NAME 6621 Southpoint DiveN. Sark 315 **6850 BELFORT OAKS PLACE** STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32216 Jackson ville, I=L 32216 CFOTD Change ☐ Addition ☐ Delete TITLE TITLE. DIAZ, MICHAEL K Diaz, Michael K NAME 6621 Southpoint DriveN, Sorte 315 6850 BELFORT OAKS PLACE STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32216 CITY-ST-ZIP Inclesonville, FL 32216 CITY-ST-ZIP Change ☐ Addition Delete schroeder Bill SCHROEDER, BILL NAME 6621 Southpoint Dink M., Suite 315 NAME STREET ADDRESS 6850 BELFORT OAKS PLACE STREET ADDRESS Jacksonvilla, FL 32216 JACKSONVILLE FL 32216 CITY-ST-ZIP CITY-ST-ZIP EVP ★ Addition ☐ Delete ☐ Change TITLE TITLE White, MARV. NAME NAME 6821 Southparn + Driva N., Shrte 315 STREET ADDRESS STREET ADORESS CITY-ST-ZIP Jacksonville, FL 32216 CITY-ST-ZIP Controller ☐ Change ☑ Addition TITI F TITLE ☐ Delete Feeser, Lim NAME NAME 6621 Southpoint Drive IV., Shirte 315 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Jakessaville, FL 32216 CITY-ST-7IP VP Change ▼ Addition □ Delete TITLE TITLE Snyder, Gary NAME NAME 6621 Southwent Driver, Smite 315 STREET ADDRESS STREET ADDRESS Jecksonville, FL 32216 CITY-ST-ZIP CITY-ST-ZIP

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/01

Daytime Phone #