2002 UNIFORM BUSINESS REPORT (UBR)

May 16, 2002 8:00 am Secretary of State DOCUMENT # L50067 1. Entity Name 05-16-2002 90039 012 ***150.00 SENTECH EAS INTERNATIONAL, INC. Principal Place of Business Mailing Address 2843 CENTERPORT CIRCLE 2843 CENTERPORT CIRCLE POMPANO BEACH FL 33064 POMPANO BEACH FL 33064 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE ٠. City & State City & State 4. FEI Number Applied For 65-0172724 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SPAGNA, RICHARD Street Address (P.O. Box Number is Not Acceptable) 2843 CENTERPORT CIRCLE POMPANO BEACH FL 33064 City Zip Code FL 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 \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 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 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. CR2E034 (9/01) ☐ Addition TITLE Delete TITLE ☐ Change SPAGNA, RICHARD J. NAME NAME 5158 NW 52ST STREET ADDRESS STREET ADDRESS **COCONUT CREEK FL 33073** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition MULHARE, EDWARD A. NAME 686 WESTVIEW COURT STREET ADDRESS STREET ADDRESS RIVERDALE NJ 07661 CITY-ST-ZIP TITLE ☐ Delete TITLE - 🔲 Change ☐ Addition NAME RESANOVICH, MILAN NAME STREET ADDRESS 21 ROBINHOOD LANE STREET ADDRESS CITY-ST-ZIP CHATHAM NJ 07928 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NICOLETTE, THOMAS A NAME 7 SPRINGHOLLOW ROAD STREET ADDRESS STREET ADDRESS CITY-ST-7IP CENTERPORT NY 11721 CITY-ST-7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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

SIGNATURE:

FILED

Daytime Phone #