6525 SUNPLEX OCEAN SPRIN	IGS, MS 39564			
Current Mai	iling Address:			
PO BOX 129	90			
OCEAN SP	RING, MS 39564			
FEI Number: 64-0807765 Certificate of Statu			Certificate of Status Desi	i red: No
Name and A	Address of Current Registered Agent:			
WALKER, HAR 5533 SW 64TH GAINESVILLE,	STREET			
The above name	d entity submits this statement for the purpose of changin	ng its registered office or regis	tered agent, or both, in the State of Flo	rida.
SIGNATURE	E: HAROLD M. WALKER			04/15/2013
				04/13/2010
	Electronic Signature of Registered Agent			Date
Officer/Dire				
Officer/Dire Title	Electronic Signature of Registered Agent	Title	DVP	
••	Electronic Signature of Registered Agent	Title Name	DVP JACOBS, JONATHAN W	
Title	Electronic Signature of Registered Agent ctor Detail : DST			
Title Name	Electronic Signature of Registered Agent ctor Detail : DST COLUCCI, ROBERT M 13515 N. STEMMONS FREEWAY	Name	JACOBS, JONATHAN W 6525 SUNPLEX DRIVE	
Title Name Address	Electronic Signature of Registered Agent ctor Detail : DST COLUCCI, ROBERT M 13515 N. STEMMONS FREEWAY	Name Address	JACOBS, JONATHAN W 6525 SUNPLEX DRIVE	
Title Name Address City-State-Zip:	Electronic Signature of Registered Agent ctor Detail : DST COLUCCI, ROBERT M 13515 N. STEMMONS FREEWAY DALLAS TX 75234	Name Address	JACOBS, JONATHAN W 6525 SUNPLEX DRIVE	
Title Name Address City-State-Zip: Title	Electronic Signature of Registered Agent ctor Detail : DST COLUCCI, ROBERT M 13515 N. STEMMONS FREEWAY DALLAS TX 75234 DP	Name Address	JACOBS, JONATHAN W 6525 SUNPLEX DRIVE	
Title Name Address City-State-Zip: Title Name	Electronic Signature of Registered Agent ctor Detail : DST COLUCCI, ROBERT M 13515 N. STEMMONS FREEWAY DALLAS TX 75234 DP WALKER, HAROLD M 6525 SUNPLEX DRIVE	Name Address	JACOBS, JONATHAN W 6525 SUNPLEX DRIVE	

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

PRESIDENT

SIGNATURE: HAROLD M. WALKER

Electronic Signature of Signing Officer/Director Detail

FILED Apr 15, 2013 Secretary of State CC1265894660

Date

2013 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000007230

Entity Name: SUPERIOR OPTICAL LABS, INC.

Current Principal Place of Business:

6525 SUNPLEX DRIVE