FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 07, 2002 8:00 am Secretary of State DOCUMENT # 226984 1. Entity Name 05-07-2002 90232 018 ***158.75 DELL ELECTRONICS, INC. Mailing Address Principal Place of Business 227 W CAROLINA ST 227 W CAROLINA ST P.O.BOX 405 P.O.80X 405 TALLAHASSEE FL 32301 TALLAHASSEE FL 32301 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State Applied For City & State 4. FEI Number 59-0879980 Not Applicable Country Zip Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent HEODORE IV TITUS, THEDORE IV Street Address (P.O. Box Number is Not Acceptable) 1169 OLD BUMPY RD TALLAHASSEE FL 32311 ALLAHASSEE 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. 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 Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. PS T Change ☐ Addition TITLE Delete TITLE NAME NAME DULL, WILLIAM D TTUS, THEODORE STREET ADDRESS STREET ADDRESS |880 BENJAMIN CHAIRES RD 1169 OLD BUMPY ROAD CITY-ST-ZIP 32317 CITY-ST-ZIP TALLAHASSEE FL 32311 TALLAHASSEE Change ☐ Addition Defete Defete TITI F TITLE NAME NAME TITUS, THEODORE I ${m ee}$ STREET ADDRESS STREET ADDRESS 1169 OLD BUMPY RD CITY-ST-ZIP CITY-ST-ZIP Tallahassee FL 32311[,] ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Addition TITLE Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

changed, or on an attachment with

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