2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

Apr 23, 2003 8:00 am Secretary of State 309686 DOCUMENT # 1. Entity Name 04-23-2003 90276 020 ***150.00 MARLO ELECTRONICS, INC. Principal Place of Business Mailing Address 4007 NE 6TH AVE 4007 NE 6TH AVE FT LAUDERDALE FL 33334 FT. LAUDERDALE FL 33334 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State Applied For 4. FEI Number 59-1149578 Not Applicable Zip 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 GODDARD, ANDREW S 2855 N.W. 42ND STREET **BOCA RATON FL 33434** Zip Code Boca 33431 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. I am familiar with, and accept the obligations of registered agent SIGNATURE registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE: Delete TITLE ☐ Addition Change GODDARD, M. FREDERICK 7608 FENWICK PL. STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33496** CITY-ST-ZIE CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition GODDARD, ANDREW S NAME STREET ADDRESS 2855 N.W. 42ND ST. STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33434** CITY-ST-ZIP TITLE ☐ Delete TITLE Addition ☐ Change NAME GODDARD, STEPHEN R -----NAME STREET ADDRESS 3200 PORT OYALE DR N APT 1407 STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE FL 33308 CITY-ST-7IP President TITLE Delete TITLE Change Change ☐ Addition GODDARD, MARK S. NAME NAME 2412 N.W. 35TH STREET STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33431** CITY-ST-ZIE CITY-\$T-ZIP TITLE □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

FILED

Mark Goddard

12. 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 10 or Block 11 if