FILED

2002 UNIFORM BUSINESS REPORT (UBR)

Apr 30, 2002 8:00 am Secretary of State DOCUMENT # 525803 1. Entity Name 04-30-2002 90112 006 ***150 GLOBAL DEFENSE PRODUCTS INC. Principal Place of Business Mailing Address 5 MARINE VIEW PLAZA SUITE 310 P O BOX 533 HOBOKEN NJ 07030 NEW YORK NY 10011-2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 13-2888522 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 Name XL CORPORATE SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 101 EAST COLLEGE AVENUE TALLAHASSEE FL 32302 Zip Code City 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 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 Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Change ☐ Addition ☐ Delete TITLE TITLE FASSOULIS, S.G. NAME NAME STREET ADDRESS STREET ADDRESS 20 WATERSIDE PLAZA CITY-ST-ZIP NY NY 10010 CITY-ST-7IP ☐ Addition ☐ Delete TITLE ☐ Change NAME NAME CEVA, JOSEPH STREET ADDRESS STREET ADDRESS 757 ROLLING HILL DRIVE CITY-ST-ZIP CITY-ST-ZIP WESTWOOD NJ 07675 Change ☐ Addition TITLE ☐ Delete TITLE NAME THOMPSON, LARRY STREET ADDRESS STREET ADDRESS 79 LIZ'S WAY CITY-ST-ZIP CITY-ST-ZIP MARTINSBURG WV 25401 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME DEAN. CAROLE STREET ADDRESS STREET ADDRESS 20 WATERSIDE PLAZA 33A CITY-ST-7/P CITY-ST-ZIP **NEW YORK NY 10010** ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME CHLADEK, JAMES STREET ADDRESS STREET ADDRESS 20 WATERSIDE PLAZA CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY 10010** Change | ☐ Addition TITLE ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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 CYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR