2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 639046 1. Entity Name PALM BEACH CRYOPHYSICS, INC.

FILED May 28, 2002 8:00 am Secretary of State

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2. Principal	Place of Business	3. Mailin	ng Address							
Suite, Apt. #, etc.		Suite,	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE				
City & Sta	ate	City &	State		4.	FEI Number	59-212051			Applied For
Zip	Country	Zip		Country	5.	Certificate of S	Status Desired		8.75 A	lot Applicab dditional
<u>-</u>	6. Name and Address of C	Current Registered	Agent	<u> </u>		<u> </u>	-		ee Requir	ed
			- Agoin	Name		Name and Ad	dress of New I	Registered A	gent	
Johns,	DOUGLAS A.									
220 ORA	ange tree dr.			Street A	ddress (P.O. I	Box Number is	Not Acceptab	le)		
atlanți	S FL 33462					<u> </u>				
•				City			<u> </u>		Zip Cod	de
8 The above	named optifus cubmits this state	ma a a b f - , a b - ,						FL		
	e named entity submits this state	ment for the purpose	e of changing its	registered office o	registered ag	ent, or both, ir	the State of Fl	orida.		
alou value										
SIGNATÙRE	Signature, typed or printed name of register	red agent and title if applica	ible. (NOTE	: Registered Agent signat	re required when re	instaling)		DATE		
				:: Registered Agent signat		instating)		DATE		
9. This corpo	oration is eligible to satisfy its Inte	angible	FILE NOW!	!! FEE IS \$150.	00	· · · · · ·	n Campaign Fir		\$5.0	
9. This corporate Tax filing		angible	FILE NOW!	!! FEE IS \$150.)2 Fee will be \$5	00 50.00	10. Election	n Campaign Fir und Contributio	nancing		00 May Be
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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

<u>e required</u> SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR