## 2000 UNIFORM BUSINESS REPORT (UBR)

## A93000000024 DOCUMENT # 1. Entity Name FILED MERCURY TECHNOLOGIES INTERNATIONAL, L.P. LIMITED 00 MAR 14 PM 4: 58 Principal Place of Business Mailing Address SEGRETARY OF STATE 4317-J FORTUNE PLACE 4317-J FORTUNE PLACE WEST MELBOURNE FL 32904-1509 WEST MELBOURNE FL 32904 3. Mailing Address 2. Principal Place of Business Mitchell Ave 2551 Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-3157139 Not Applicable Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Pee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SOLDANO, FRANK JR. Street Address (P.O. Box Number is Not Acceptable) % MTI 4317-J FORTUNE PLACE 4317- 1 WEST MELBOURNE FL 32904 hits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The above named entity sulf Manager SIGNATURE \_ 11. MAKE CHECK PAYABLE TO DEPT. OF STATE 10. Amount of Capital Contributions 9. Capital Contributions \$990,000.00 SEE REVERSE SIDE FOR FEE INFORMATION in FLORIDA to date. as Shown on record. A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner. ADDRESS CHANGES ONLY 12. GENERAL PARTNER INFORMATION CR21:003 (9/89) P92000001609 DOCUMENT# STREET ADDRESS ADVANCED ENVIRONMENTAL RECYCLING CORP OF FL NAME 4317-L FORTUNE PLACE STREET ADDRESS CITY - ST - 7IP WEST MELBOURNE FL 32934 CITY-ST-ZIP F93000000028 DOCUMENT# -UU3 STREET ADDRESS MERCURY TECHNOLOGIES CORPORATION NAME 140 WEST INDUSTRIAL WAY STREET ADDRESS CITY-ST-ZIF **BENICIA CA 94510** CITY-ST-ZIP DOCUMENT 4 STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT# STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP --009 DCJUMENT# STREET ADORESS NAME STREET ADDRESS CITY-ST-78P CFTY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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 is true and accurate and that my signature shalf have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes SIGNATURE: