2000 UNIFORM BUSINESS REPORT (UBR) A95000001096 DOCUMENT # 1. Entity Name STERILUX, LTD. 00 APR 20 AM 3: 05 Principal Place of Business Mailing Address 4620 LEE HWY SUITE 212 1708 NORTH FEDERAL HIGHWAY **ARLINGTON VA 22207-3400** LAKE WORTH FL 33460 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 65-0599127 Not Applicable Country \$8.75 Additional Zip Country Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ENDRUSCHAT, ALBERT J DDS Street Address (P.O. Box Number is Not Acceptable) 1708 NORTH FEDERAL HIGHWAY LAKE WORTH FL 33460 Zip Code 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 11. MAKE CHECK PAYABLE TO DEPT. OF STATE 10. Amount of Capital Contributions 9. Capital Contributions \$34,000.00 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. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 13. 12. CR2E003 (9/99 DOCUMENT# P95000051432 STREET ADDRESS STERILUX, INC. NAME STREET ADDRESS 1708 NORTH FEDERAL HIGHWAY CITY-ST-ZIP LAKE WORTH FL 33460 CITY-ST-ZIP STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS

DOCUMENT # NAME STREET ADDRESS CITY-ST-ZIP CITY ST-ZE DOCUMENT # STREET ADDRESS STREET ADDRESS CITY - ST - 7/P CITY-ST-ZIP DOCUMENT# STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-78

14. 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 is true and accurate and that my signature shall 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

R.A. O'Brieg Thean 4/17/00