FILED
May 01, 2002 8:00 am
Secretary of State

05-01-2002 91611 004 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # [redacted]

1. Entity Name
Engineered Data Products Inc ✓
F00000001792

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
2550 W. MIDWAY Blvd	same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Broomfield, CO	City & State:
Zip: 80020 Country:	Zip: Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number: 91-1811451 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Corporation Service Company
Street Address (P.O. Box Number is Not Acceptable): 1201 Hays Street
City: Tallahassee FL Zip Code: 32301-2525

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	CEO
NAME	Peter Howard
STREET ADDRESS	2550 W. MIDWAY Blvd.
CITY-ST-ZIP	Broomfield, CO 80020
TITLE	CFO, Treasurer, Secretary
NAME	Douglas Griggs
STREET ADDRESS	2550 W. MIDWAY Blvd.
CITY-ST-ZIP	Broomfield, CO 80020
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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CITY-ST-ZIP	

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: Douglas J. Griggs Douglas J. Griggs 4/18/02 303-465-2800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #