2002 Uniform Business Report (UBR)

Mar 14, 2002 8:00 am DOCUMENT # F00000002193 **Secretary of State** 1. Entity Name GENERATION II USA, INC. 03-14-2002 90042 010 ***150.00 Principal Place of Business Mailing Address 11818 NORTH CREEK PKWY N. SUITE 102 11818 NORTH CREEK PKWY N. SUITE 102 BOTHELL WA 98011 BOTHELL WA 98011 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State .--.4.:.FEI:Number =City.&.State=== 91-1487040 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name NAGY, KYLE Street Address (P.O. Box Number is Not Acceptable) 4815 E. BUSCH BLVD. SUITE 112 **TAMPA FL 33617** Zip Code City 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. 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 After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Added to Fees Trust Fund Contribution. Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. CR2E034 (9/01) Vice President ✓ Addition Delete Change TITLE TITLE Kimberly Walsh YOUNG, ALAN L NAME NAME 11818 North Creek PKWY N. Suite 102 11818 NORTH CREEK PARKWAY N. SUITE 102 STREET ADDRESS STREET ADDRESS Bothell, WA 98011 CITY-ST-ZIP **BOTHELL WA 98011** CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE LANCE-PETRI, DANA NAME NAME STREET-ADDRESS STREET-ADDRES 11818-NORTH CREEK PKWY N. SUITE-102-CITY-ST-ZIP CITY-ST-ZIE **BOTHELL WA 98011** ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Change ■ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

FILED