2001 UNIFORM BUSINESS REPORT (UBR)

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with an address, with all other like empowered.

FILED Apr 30, 2001 8:00 am Secretary of State DOCUMENT # F0000002542 1. Entity Name LIVING MACHINES, INC. 04-30-2001 90026 020 ***150.00 Principal Place of Business Mailing Address 14 S. SWINTON AVENUE 14 S. SWINTON AVENUE DELRAY BEACH FL 33444 DELRAY BEACH FL 33444 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 52-224128 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SMITHER, ROBERT M JR. Street Address (P.O. Box Number is Not Acceptable) 14 S. SWINTON AVENUE **DELRAY BEACH FL 33444** City 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE ☐ Change Addition SMITHER, ROBERT M JR. NAME NAME 14 S. SWINTON AVENUE STREET ADDRESS STREET ADDRESS DELRAY BEACH FL 33444 CITY-ST-ZIP CETY-ST-ZIP TITLE Delete TITLE Change ☐ Addition COHEN. STEPHEN M NAME NAME 14 S. SWINTON AVENUE STREET ADDRESS STREET ADDRESS CHY-ST-ZIP **DELRAY BEACH FL 33444** CITY-ST-ZIP TiTi F Delete TITLE Addition FREAKLEY, EDWIN M NAME NAME SWINTSN AUF 200 CARTER'S GROVE LANE 5 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LYNCHBURG VA 24503 CITY-ST-ZiP BEACH. FL 33444 TITL F ☐ Delete TITLE ☐ Change Addition GOODYEAR, KIM NAME NAME STREET ACCRESS 125 LA POSTA ROAD STREET ADDRESS CITY-ST-ZIP TAOS NM 87571 CITY - ST - ZIP TITUE ☐ Delete TITLE Change Acdition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST- ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS City-St-7IP CITY-S1-ZIP 13. Thereby 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 eath; 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

CR2E034 (10/00)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Devente Phone #