2007 FOR PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address

SIGNATURE:

Secretary of State DOCUMENT # F00000004248 03-06-2007 90002 021 ***150.00 MSK PRECISION PRODUCTS, INC. Principal Place of Business Mailing Address 40029880 10101 N.W. 67TH ST 167 AMES ST TAMARAL, FL 33321 ROCHESTER, NY 14611 2. Principal Place of Business - No P.O. Box # 10101 N. W. 67¹⁴ St. 3. Mailing Address Suite, Apt. #, etc. 02152007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For amarac 16-1588698 Not Applicable Country Zıp Country \$8.75 Additional 33321 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 Zip Code City FL 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. I am familiar with, and accept the obligations of registered agent SIGNATURE. Signature, typed or printed himse of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 \$5.00 May Be After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Defete TITLE Change ☐ Addition BRINKMAN, ROBERT NAME NAME STREET ADDRESS 167 AMES STREET STREET ADDRESS CITY-ST-ZIP ROCHESTER, NY 14611 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STENGER, JAMES W NAME 167 AMES STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ROCHESTER, NY 14611 CITY-ST-ZIP COO Delete TITLE TITLE ☐ Change ☐ Addition NAME LANIAK, ANDREW J STREET ADDRESS 167 AMES STREET STREET ADDRESS ROCHESTER, NY 14611 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if

Janes W. Stenger 02/16/07

FILED Mar 06, 2007 8:00 am