2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # F0000005588

1. Entity Name

EARTH TECH (INFRASTRUCTURE) INC.

Principal Place of Business

Mailing Address

100 WEST BROADWAY, SUITE 5000 LONG BEACH CA 90802

100 WEST BROADWAY, SUITE 5000

LONG BEACH CA 90802

Suite, Apt. #, etc.

City & State

Zip

3. Mailing Address PO Box 3038 Suite, Apt. #, etc.

2. Principal Place of Business

City & State

<u>Boca Baton Fl</u>

<u>33431-0938</u>

Country USA

4. FEI Number

5. Certificate of Status Desired

58-2554236

Applied For Not Applicable

\$8.75 Additional

Fee Required 7. Name and Address of New Registered Agent

C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324

Country

6. Name and Address of Current Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

(NOTE: Registered Agent signature required when reinstating)

FL

FILED

May 05, 2001 8:00 am Secretary of State

05-05-2001 90365 016 ***150.00

970385

DO NOT WRITE IN THIS SPACE

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, typed or printed name of registered agent and title if applicable. 9. This corporation is eligible to satisfy its Intangible

(See criteria on back)

Tax filing requirement and elects to do so.

FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 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 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete Change CREEL, DIANE NAME 100 WEST BROADWAY, SUITE 5000 STREET ADDRESS STREET ADDRESS CITY-ST-7IP LONG BEACH CA 90802 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition EARLY, CREIGHTON NAME NAME STREET ADDRESS 100 WEST BROADWAY, SUITE 5000 STREET ADDRESS CITY-ST-ZIP LONG BEACH CA 90802 CITY-ST-ZIP TITLE ☐ Delete TITLE Addition NAME ROBINSON, MICHAEL NAME One Town Center Road STREET ADDRESS 712 FIFTH AVENUE STREET ADDRESS CITY-ST-ZIP NEW YORK NY-10019 CITY-ST-ZIP Boca Ration Fl 33486 Delete TITI F ☐ Change Addition ALPERT, CHARLES NAME NAME 100 WEST BROADWAY, SUITE 5000 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP LONG BEACH CA 90802 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition GUTIN, IRVING NAME ONE TYCO PARK STREET ADDRESS STREET ADDRESS CITY-ST-ZIP EXETER NH 03833 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME

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 a ddress, wi other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE

STREET ADDRESS

CITY-ST-ZIP

Scott Stevenson VP/Asst. Tyeas. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR