FILED 2002 UNIFORM BUSINESS REPORT (UBR) May 06, 2002 8:00 am Secretary of State F00000006741 DOCUMENT # 1. Entity Name 05-06-2002 90102 047 ***150.00 CLARK SECURITY PRODUCTS, INC. Mailing Address Principal Place of Business 4775 VIEWRIDGE AVE. 4775 VIEWRIDGE AVE. B0087003SAN DIEGO CA 92123 SAN DIEGO CA 92123 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 95-2630609 Not Applicable Country Zip Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KURUVILLA, SUSAN Street Address (P.O. Box Number is Not Acceptable) 7576 KINGSPOINTE PKWY, STE 170 - 94.2 ORLANDO FL 32819 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. SIGNATURE _______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. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. (9/01)□ Delete TITLE TITLE Merrifield, Marshall NAME NAME MERRIFIED, MARSHALL STREET ADDRESS STREET ADDRESS 4775 VIEWRIDGE AVE. (please edit spelling) CITY-ST-ZIP CITY-ST-ZIF SAN DIEGO CA 92123 Hymer, Therese (please edit spelling) ☐ Delete TITLE TITLE NAME HYMER, THERESA STREET ADDRESS STREET ADDRESS 4775 VIEWRIDGE AVE. CITY-ST-ZIP CITY-ST-7IP SAN DIEGO CA 92123 ☐ Addition TITLE ☐ Delete Merrifield, Virginia (Picase Cait Spelling) Change Addition Kuruvilla, Susan (Picase Edit Spelling) TITLE NAME NAME MERRIFIED, VIRGINIA STREET ADDRESS STREET ADDRESS 4775 VIEWRIDGE AVE. CITY-ST-ZIP CITY-ST-7IP SAN DIEGO CA 92123 TITLE ☐ Delete TITLE NAME KURUVILLE, SUSAN NAME STREET ADDRESS STREET ADDRESS 4775 VIEWRIDGE AVE. CITY-ST-ZIP CITY-ST-ZIP SAN DIEGO CA 92123 ☐ Delete TITLE NAME NAME CLARK, RICHARD STREET ADDRESS STREET ADDRESS 4775 VIEWRIDGE AVE. CITY-ST-ZIP CITY-ST-ZIP SAN DIEGO CA 92123 ☐ Addition ☐ Change ☐ Delete TITLE TITLE

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 Block 12 if changed, or on an attachment with an address, with all other like empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE

NAME

STREET ADDRESS

CITY-ST-ZIP

<u> Ausignaturfitetured</u>

1802

(858) 505-1950

Daytime Phone #