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Jan 22, 2007 08:00 AM
Secretary of State

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| <div style="display: flex; justify-content: space-between;"><div>DOCUMENT # F04000001459 1. Entity Name CADVIEW TECHNOLOGIES CORP.</div><div style="text-align: center;"></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div>Principal Place of Business 50 DOXSEE DRIVE FREEPORT, NY 11520</div><div>Mailing Address 50 DOXSEE DRIVE FREEPORT, NY 11520</div></div> | | <div style="text-align: right; font-size: 24px; font-weight: bold;">Secretary of State</div> <div style="text-align: center; margin-top: 20px;"></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;">01132007No Chg-PCR2E034 (11/05)</div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 80%;">4. FEI Number 11-2939737</div><div style="width: 15%; text-align: center;"><small>Applied For</small> <small>Not Applicable</small></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 70%;">5. Certificate of Status Desired <input type="checkbox"/></div><div style="width: 25%; text-align: center;">\$8.75 Additional Fee Required</div></div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DO NOT WRITE IN THIS SPACE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6. Name and Address of Current Registered Agent GRUSKA, RALPH 532 TIERRA MAR LN EAST NAPLES, FL 34108 | <div style="font-size: 24px; font-weight: bold;">DO NOT WRITE IN THIS SPACE</div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 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. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <div style="display: flex; justify-content: space-between;"><div>SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small></div><div><small>(NOTE: Registered Agent signature required when reinstating)</small></div><div><small>DATE</small> _____</div></div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 10. OFFICERS AND DIRECTORS | | <div style="font-size: 18px;">000000597001</div> <div style="font-size: 18px;">01/24/07-80019-002 150.00</div> <div style="font-size: 24px; font-weight: bold; margin-top: 50px;">DO NOT WRITE IN THIS SPACE</div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width:15%;"><small>TITLE</small></td><td style="width:85%;">PS</td></tr><tr><td><small>NAME</small></td><td>SUSSMAN, MORRIS</td></tr><tr><td><small>STREET ADDRESS</small></td><td>50 DOXSEE DRIVE</td></tr><tr><td><small>CITY-ST-ZIP</small></td><td>FREEPORT, NY 11520</td></tr><tr><td><small>TITLE</small></td><td></td></tr><tr><td><small>NAME</small></td><td></td></tr><tr><td><small>STREET ADDRESS</small></td><td></td></tr><tr><td><small>CITY-ST-ZIP</small></td><td></td></tr><tr><td><small>TITLE</small></td><td></td></tr><tr><td><small>NAME</small></td><td></td></tr><tr><td><small>STREET ADDRESS</small></td><td></td></tr><tr><td><small>CITY-ST-ZIP</small></td><td></td></tr><tr><td><small>TITLE</small></td><td></td></tr><tr><td><small>NAME</small></td><td></td></tr><tr><td><small>STREET ADDRESS</small></td><td></td></tr><tr><td><small>CITY-ST-ZIP</small></td><td></td></tr></table> | | <small>TITLE</small> | PS | <small>NAME</small> | SUSSMAN, MORRIS | <small>STREET ADDRESS</small> | 50 DOXSEE DRIVE | <small>CITY-ST-ZIP</small> | FREEPORT, NY 11520 | <small>TITLE</small> | | <small>NAME</small> | | <small>STREET ADDRESS</small> | | <small>CITY-ST-ZIP</small> | | <small>TITLE</small> | | <small>NAME</small> | | <small>STREET ADDRESS</small> | | <small>CITY-ST-ZIP</small> | | <small>TITLE</small> | | <small>NAME</small> | | <small>STREET ADDRESS</small> | | <small>CITY-ST-ZIP</small> | | |
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| <small>NAME</small> | SUSSMAN, MORRIS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <small>STREET ADDRESS</small> | 50 DOXSEE DRIVE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 12. I hereby certify that the information supplied with this filing 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 changed, or on an attachment with an address, with all other like empowered. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <div style="display: flex; justify-content: space-between;"><div style="width: 60%;">SIGNATURE:  MORRIS SUSSMAN <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small></div><div style="width: 35%; text-align: right;"><div style="font-size: 24px; font-weight: bold;">(16) 07</div><div style="font-size: 24px; font-weight: bold;">516.223.1575</div><div style="display: flex; justify-content: space-between; font-size: 10px;">DateDaytime Phone #</div></div></div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |