

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F06000006778

1. Entity Name
TRIAD ISOTOPES, INC.



Principal Place of Business
200 S ORANGE AVE, SUITE 2100
ORLANDO, FL 32801 US

Mailing Address
200 S ORANGE AVE, SUITE 2100
ORLANDO, FL 32801 US

FILED
Jul 15, 2008 08:00 AM
Secretary of State



06302008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-5744906

Applied For
Not Applicable

5. Certificate of Status Desired ☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DR, SUITE 4
WESTON, FL 33331

**DO NOT WRITE
IN THIS SPACE**

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 name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

U00000955000
07/15/08-80006-021 158.75
DATE

FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE DCEO
NAME MEFFE, DOM
STREET ADDRESS 200 S ORANGE AVE, SUITE 2100
CITY-ST-ZIP ORLANDO, FL 32801

TITLE P
NAME MEFFE, DOM
STREET ADDRESS 200 S ORANGE AVE, SUITE 2100
CITY-ST-ZIP ORLANDO, FL 32801

TITLE D
NAME LYNCH, CASEY
STREET ADDRESS 200 S ORANGE AVE, SUITE 2100
CITY-ST-ZIP ORLANDO, FL 32801

TITLE D
NAME KESSINGER, WILLIAM
STREET ADDRESS 200 S ORANGE AVE, SUITE 2100
CITY-ST-ZIP ORLANDO, FL 32801

TITLE SVP
NAME MCCORMICK, WILLIAM
STREET ADDRESS 200 S ORANGE AVE, SUITE 2100
CITY-ST-ZIP ORLANDO, FL 32801

TITLE SVP
NAME GRIFFITHS, CLAUDIA
STREET ADDRESS 200 S ORANGE AVE, SUITE 2100
CITY-ST-ZIP ORLANDO, FL 32801

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IN THIS SPACE**

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.

SIGNATURE:

Dom Meffe Dom Meffe, President 7/1/08 407-455-6700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #