FILED

B.T. PACKO 4/10/02 912 262 0033

2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 24, 2002 8:00 am Secretary of State DOCUMENT # F91471 1. Entity Name 04-24-2002 90405 024 ***150.00 CRYO-CHEM INTERNATIONAL INC. Principal Place of Business Mailing Address 1919 GLYNN AVENUE 1919 GLYNN AVENUE BLDG 20 BLDG 20 BRUNSWICK GA 31520 **BRUNSWICK GA 31520** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2215968 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name DOVER, WILLIAM D ESQ. Street Address (P.O. Box Number is Not Acceptable) C/O NILES, DOBBINS & MEEKS- SUITE 400 2601 E. OAKLAND PARK BLVD FT LAUDERDALE FL 33306 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change X Addition PACKO, BETTE T NAME NAME STREET ADDRESS 1919 GLYNN AVE BLDG 20 STREET ADDRESS CITY-ST-ZIP **BRUNSWICK GA 31520** CITY-ST-ZIP TITLE Delete TITLE PD Change ☐ Addition NAME PACKO, MARK T. NAME STREET ADDRESS 1919 GLYNN AVE- BLDG 20 STREET ADDRESS CITY-ST-ZIP **BRUNSWICK GA 31520** CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME PACKO, JO ANNE NAME STREET ADDRESS 1919 GLYNN AVE BLDG 20 STREET ADDRESS CITY-ST-ZIP **BRUNSWICK GA 31520** CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IE CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete DITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7)P 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 ke empowered.