ANNU	INPROFIT PORATION IAL REPORT 1999		FLORIDA DEPAR Katherin Secretary DIVISION OF C	of State	FILE Mar 24, 199 Secretary 03-24-1999 90012	99 8:00 am of State
Corporation	MENT # F92 Name ASAD PROJECT, IN		0940			
incipal Place 65 BRICKMAN URLEYVILLE S		4	tailing Address 165 BRICKMAN RD 1URLEYVILLE NY 12747 IS			
Principal Pl	ace of Business	2a	. Mailing Address		3. Date Incorporated or Qualifed	
Suite, Apt. a	#, etc.	26	Suite, Apt. #, etc.	, <u></u> .	4. FEI Number 14-1751000	Applied For Not Applicable
City & State	 Ð	27	City & State		5. Certifcate of Status Desired	\$8.75 Additional Fee Required
Zip	Country 25	29	Zip	Country 30	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
	9. Name and Address			81 Name	10. Name and Address of New Register	red Agent
		647 0500 (17 1509 Elorido Statuto	84 City	orporation submits this statement for the nurDOS	EL 85 Zip Code
office or re agent. I ar	egistered agent, or both, in m familiar with, and accept	n the State of Flori t the obligations of	da. Such change was au f, Section 617.0503, Flori	s, the above-named o	orporation submits this statement for the purpose ration's board of directors. I hereby accept the ap	L of changing its registered pointment as registered
office or re agent. I ar	egistered agent, or both, in m familiar with, and accept Signature, typed or printed name of	n the State of Flori t the obligations of	da. Such change was au f, Section 617.0503, Flori if applicable. (NOTE: ECTORS	s, the above-named of thorized by the corpor da Statutes. Registered Agent signature re 13.	orporation submits this statement for the purpose ration's board of directors. I hereby accept the ap	AND DIRECTORS IN 12
office or re agent. I ar IGNATURE	egistered agent, or both, in m familiar with, and accept Signature, typed or printed name of OFF	n the State of Flori t the obligations of registered agent and title	Ida. Such change was au f, Section 617.0503, Flori if applicable. (NOTE: 1)	s, the above-named of thorized by the corpor da Statutes. Registered Agent signature re 13. 1.1 TTLE	orporation submits this statement for the purpose ration's board of directors. I hereby accept the ap quired when reinstating) DATE	AND DIRECTORS IN 12
office or re agent. I ar IGNATURE 2. LE ME	egistered agent, or both, in m familiar with, and accept Signature, typed or printed name of	n the State of Flori t the obligations of registered agent and title	da. Such change was au f, Section 617.0503, Flori if applicable. (NOTE: ECTORS	s, the above-named of thorized by the corpor da Statutes. Registered Agent signature re 13. 1.1 TITLE 1.2 NAME	orporation submits this statement for the purpose ration's board of directors. I hereby accept the ap quired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
office or re agent. I ar IGNATURE 2. LE ME REET ADDRESS	egistered agent, or both, in m familiar with, and accept Signature, typed or printed name of OFF T MCCRACKEN, ED	n the State of Flori t the obligations of registered agent and title FICERS AND DIR	da. Such change was au f, Section 617.0503, Flori if applicable. (NOTE: ECTORS	s, the above-named of thorized by the corpor da Statutes. Registered Agent signature re 13. 1.1 TITLE 1.2 NAME	orporation submits this statement for the purpose ration's board of directors. I hereby accept the ap quired when reinstating) DATE	AND DIRECTORS IN 12
office or re agent. I ar IGNATURE 2. LE ME	egistered agent, or both, in m familiar with, and accept Signature, typed or printed name of OFF T MCCRACKEN, ED -365 FORREST-AVE	n the State of Flori t the obligations of registered agent and title FICERS AND DIR	da. Such change was au f, Section 617.0503, Flori if applicable. (NOTE: ECTORS	s, the above-named of thorized by the corpor da Statutes. Registered Agent signature re 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADORESS	apporation submits this statement for the purpose ration's board of directors. I hereby accept the ap quired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
office or re agent. I ar IGNATURE 2. LE ME REET ADDRESS Y- ST-ZIP LE ME	egistered agent, or both, in m familiar with, and accept Signature, typed or printed name of OFF T MCCRACKEN, ED -365-FORREST-AVE - PALO-ALTO CA 9430 D DACQMINE, FREDERI	h the State of Flori t the obligations of registered agent and title FICERS AND DIR	Ida. Such change was au f, Section 617.0503, Flori if applicable. (NOTE: ECTORS DELETE	s, the above-named of thorized by the corpor da Statutes. Registered Agent signature re 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADORESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME	apporation submits this statement for the purpose ration's board of directors. I hereby accept the ap quired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
office or re agent. I ar IGNATURE 2. LE ME REET ADDRESS Y- ST-ZIP LE ME REET ADDRESS	egistered agent, or both, in m familiar with, and accept Signature, typed or printed name of OFF T MCCRACKEN, ED -365-FORREST-AVE - PALO-ALTO CA 9430 D DACQMINE, FREDERI 14 RIGE MAYET	h the State of Flori t the obligations of registered agent and title FICERS AND DIR	Ida. Such change was au f, Section 617.0503, Flori if applicable. (NOTE: ECTORS DELETE	s, the above-named of thorized by the corpor da Statutes. Registered Agent signature re 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	apporation submits this statement for the purpose ration's board of directors. I hereby accept the ap quired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
office or re agent. I ar IGNATURE 2. LE ME REET ADDRESS Y- ST-ZIP LE ME	egistered agent, or both, ir m familiar with, and accept Signature, typed or printed name of OFF T MCCRACKEN, ED -365-FORREST-AVE - PALO-ALTO-CA-9430 D DACQMINE, FREDERI 14 RIGE MAYET PARIS F 75006 FR PD	In the State of Flori the obligations of registered agent and title FICERS AND DIR	Ida. Such change was au f, Section 617.0503, Flori if applicable. (NOTE: ECTORS DELETE	s, the above-named c thorized by the corpor da Statutes. Registered Agent signature re 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE	Proporation submits this statement for the purpose ration's board of directors. I hereby accept the ap adverted when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS 262 Mt. Cliff Rd Hurley Ville, NY 13	And Directors IN 12 Of address
office or re agent. I ar IGNATURE 2. LE ME REET ADDRESS Y- ST-ZIP LE ME REET ADDRESS IY-ST-ZIP	egistered agent, or both, ir m familiar with, and accept Signature. typed or printed name of OFF T MCCRACKEN, ED 365-FORREST-AVE PALO-ALTO CA 9430 D DACQMINE, FREDERI 14 RIGE MAYET PARIS F 75006 FR PD PARRISH, CATHERIN	The State of Flori the obligations of registered agent and title FICERS AND DIR FICERS AND DIR IC	Ida. Such change was au f, Section 617.0503, Flori if applicable. (NOTE: ECTORS DELETE	s, the above-named c thorized by the corpor da Statutes. Registered Agent signature re 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE	Proporation submits this statement for the purpose ration's board of directors. I hereby accept the ap adverted when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS 262 Mt. Cliff Rd Hurley Ville, NY 13	- L a of changing its registered pointment as registered AND DIRECTORS IN 12 □ Change □ Additio 0 f address 2.7 H 7 □ Change □ Additio
office or re agent. I ar IGNATURE 2. LE ME REET ADDRESS Y- ST- ZIP LE ME REET ADDRESS ME REET ADDRESS	egistered agent, or both, in m familiar with, and accept Signature. typed or printed name of OFF T MCCRACKEN, ED 365-FORREST-AVE PALO-ALTO CA 9430 D DACQMINE, FREDERI 14 RIGE MAYET PARIS F 75006 FR PD PARRISH, CATHERINI 262 MT CLIFF ROAD	The State of Flori the obligations of registered agent and title FICERS AND DIR FICERS AND DIR IC	Ida. Such change was au f, Section 617.0503, Flori if applicable. (NOTE: ECTORS DELETE	s, the above-named of thorized by the corpor da Statutes. Registered Agent signature re 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS	PD PD PD PD PD PD PD PD PD PD	And Directors IN 12 Of address
office or re agent. I ar IGNATURE 2. LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME	egistered agent, or both, ir m familiar with, and accept Signature. typed or printed name of OFF T MCCRACKEN, ED 365-FORREST-AVE PALO-ALTO CA 9430 D DACQMINE, FREDERI 14 RIGE MAYET PARIS F 75006 FR PD PARRISH, CATHERIN	The State of Flori the obligations of registered agent and title FICERS AND DIR FICERS AND DIR IC	Ida. Such change was au f, Section 617.0503, Flori if applicable. (NOTE: ECTORS DELETE	s, the above-named of thorized by the corpor da Statutes. Registered Agent signature re 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS	Proporation submits this statement for the purpose ration's board of directors. I hereby accept the ap adverted when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS 262 Mt. Cliff Rd Hurley Ville, NY 13	- L a of changing its registered a of change b of change a of change b of change b of change b of change b of change c of change </td
office or re agent. I ar IGNATURE 2. LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP	egistered agent, or both, in m familiar with, and accept Signature. typed or printed name of OFF T MCCRACKEN, ED 365-FORREST-AVE- PALO-ALTO CA 9430 D DACQMINE, FREDERI 14 RIGE MAYET PARIS F 75006 FR PD PARRISH, CATHERINI 262 MT CLIFF ROAD HURLEYVILLE NY D BRENT, RONALD J	h the State of Flori t the obligations of registered agent and title FICERS AND DIR FICERS AND DIR FICERS AND DIR FICERS AND DIR E A.	Ida. Such change was au f, Section 617.0503, Flori if applicable. (NOTE: ECTORS DELETE DELETE M DELETE	s, the above-named of thorized by the corpor da Statutes. Registered Agent signature re 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP	PD PD PD PD PD PD PD PD PD PD	Change Change
office or re agent. I ar IGNATURE 2. LE ME REET ADDRESS Y- ST- ZIP LE ME REET ADDRESS IY- ST- ZIP LE ME REET ADDRESS IY- ST- ZIP LE ME REET ADDRESS	egistered agent, or both, ir m familiar with, and accept Signature. typed or printed name of OFF T MCCRACKEN, ED 365 FORREST AVE PALO ALTO CA 9430 D DACQMINE, FREDERI 14 RIGE MAYET PARIS F 75006 FR PD PARRISH, CATHERINI 262 MT CLIFF ROAD HURLEYVILLE NY D BRENT, RONALD J 36 SOUTH WOODAR	h the State of Flori t the obligations of registered agent and title FICERS AND DIR FICERS AND DIR E A.	Ida. Such change was au f, Section 617.0503, Flori if applicable. (NOTE: ECTORS DELETE DELETE M DELETE	s, the above-named of thorized by the corpor da Statutes. Registered Agent signature re 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS	PD PD PD PD PD PD PD PD PD PD	Change Change
office or re agent. I ar IGNATURE 2. LE ME REET ADDRESS Y- ST- ZIP LE ME REET ADDRESS IY- ST- ZIP LE ME REET ADDRESS IY- ST- ZIP LE ME REET ADDRESS IY- ST- ZIP	egistered agent, or both, in m familiar with, and accept OFF T MCCRACKEN, ED 365 FORREST AVE PALO ALTO CA 9430 D DACQMINE, FREDERI 14 RIGE MAYET PARIS F 75006 FR PD PARRISH, CATHERINI 262 MT CLIFF ROAD HURLEYVILLE NY D BRENT, RONALD J 36 SOUTH WOODARI ENGLEWOOD NJ 076	h the State of Flori t the obligations of registered agent and title FICERS AND DIR FICERS AND DIR E A.	Ida. Such change was au f, Section 617.0503, Flori if applicable. (NOTE: ECTORS DELETE DELETE M DELETE	s, the above-named of thorized by the corpor da Statutes. Registered Agent signature re 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4. 2 NAME	PD PD PD PD PD PD PD PD PD PD	AND DIRECTORS IN 12 Change Additio Change Additio Change Additio Change Additio Change Additio Change Additio
office or re agent. I ar IGNATURE 2. LE ME REET ADDRESS Y- ST- ZIP LE ME REET ADDRESS IY- ST- ZIP LE ME REET ADDRESS IY- ST- ZIP LE ME REET ADDRESS	egistered agent, or both, ir m familiar with, and accept Signature. typed or printed name of OFF T MCCRACKEN, ED 365 FORREST AVE PALO ALTO CA 9430 D DACQMINE, FREDERI 14 RIGE MAYET PARIS F 75006 FR PD PARRISH, CATHERINI 262 MT CLIFF ROAD HURLEYVILLE NY D BRENT, RONALD J 36 SOUTH WOODAR	h the State of Flori t the obligations of registered agent and title FICERS AND DIR FICERS AND DIR E A.	Ida. Such change was au f, Section 617.0503, Flori Sif applicable. (NOTE: ECTORS DELETE DELETE DELETE	s, the above-named of thorized by the corpor da Statutes. Registered Agent signature re 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	PD PD PD PD PD PD PD PD PD PD	AND DIRECTORS IN 12 Change Additio Change Additio Change Additio Change Additio Change Additio Change Additio
office or re agent. I ar IGNATURE 2. LE ME REET ADDRESS Y- ST-ZIP LE ME REET ADDRESS IY- ST-ZIP LE ME REET ADDRESS IY- ST-ZIP LE ME REET ADDRESS IY- ST-ZIP LE	egistered agent, or both, ir m familiar with, and accept OFF T MCCRACKEN, ED 365 FORREST AVE PALO ALTO CA 9430 D DACQMINE, FREDERI 14 RIGE MAYET PARIS F 75006 FR PD PARRISH, CATHERINI 262 MT CLIFF ROAD HURLEYVILLE NY D BRENT, RONALD J 36 SOUTH WOODARI ENGLEWOOD NJ 076 VPD ECKLES, JACLYNE 1364 BEDFORD ROA	h the State of Flori the obligations of registered agent and ute FICERS AND DIR H IC E A. D 331	Ida. Such change was au f, Section 617.0503, Flori Sif applicable. (NOTE: ECTORS DELETE DELETE DELETE	s, the above-named of thorized by the corpor da Statutes. Registered Agent signature re 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS	PD PD PD PD PD PD PD PD PD PD	Change Addition Addition Change Addition Addition
office or re agent. I ar IGNATURE 2. LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP	egistered agent, or both, ir m familiar with, and accept Signature. typed or printed name of OFF T MCCRACKEN, ED 365 FORREST AVE- PALO ALTO CA 9430 D DACQMINE, FREDERI 14 RIGE MAYET PARIS F 75006 FR PD PARRISH, CATHERINI 262 MT CLIFF ROAD HURLEYVILLE NY D BRENT, RONALD J 36 SOUTH WOODARI ENGLEWOOD NJ 076 VPD ECKLES, JACLYNE 1364 BEDFORD ROA PLEASANTVILLE NY	h the State of Flori the obligations of registered agent and ute FICERS AND DIR H IC E A. D 331	Ida. Such change was au f, Section 617.0503, Flori Sif applicable. (NOTE: ECTORS DELETE DELETE DELETE DELETE DELETE	s, the above-named of thorized by the corpor da Statutes. Registered Agent signature re 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME	PD PD PD PD PD PD PD PD PD PD	Change Additio Change Additio Change Additio Change Additio Change Additio Change Additio
office or re agent. I ar IGNATURE 2. LE ME REET ADDRESS Y- ST-ZIP LE ME REET ADDRESS IY- ST-ZIP LE ME REET ADDRESS IY- ST-ZIP LE ME REET ADDRESS IY- ST-ZIP LE ME REET ADDRESS IY- ST-ZIP LE	egistered agent, or both, ir m familiar with, and accept Signature. typed or printed name of OFF T MCCRACKEN, ED 365 FORREST AVE- PALO ALTO CA 9430 D DACQMINE, FREDERI 14 RIGE MAYET PARIS F 75006 FR PD PARRISH, CATHERINI 262 MT CLIFF ROAD HURLEYVILLE NY D BRENT, RONALD J 36 SOUTH WOODARI ENGLEWOOD NJ 076 VPD ECKLES, JACLYNE 1364 BEDFORD ROA PLEASANTVILLE NY S	h the State of Flori the obligations of registered agent and ute FICERS AND DIR H IC E A. D 331	Ida. Such change was au f, Section 617.0503, Flori Sif applicable. (NOTE: ECTORS DELETE DELETE DELETE	s, the above-named of thorized by the corpor da Statutes. Registered Agent signature re 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	PD PD PD PD PD PD PD PD PD PD	Change Additio Change Additio Change Additio Change Additio Change Additio Change Additio
office or re agent. I ar IGNATURE 2. LE ME REET ADDRESS Y-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP LE ME REET ADDRESS IY-ST-ZIP	egistered agent, or both, ir m familiar with, and accept Signature. typed or printed name of OFF T MCCRACKEN, ED 365-FORREST-AVE PALO-ALTO CA 94300 D DACQMINE, FREDERI 14 RIGE MAYET PARIS F 75006 FR PD PARRISH, CATHERINI 262 MT CLIFF ROAD HURLEYVILLE NY D BRENT, RONALD J 36 SOUTH WOODARI ENGLEWOOD NJ 076 VPD ECKLES, JACLYNE 1364 BEDFORD ROA PLEASANTVILLE NY S WYCKOFF, KATHERII	h the State of Flori the obligations of registered agent and ute FICERS AND DIR H IC E A. D 331	Ida. Such change was au f, Section 617.0503, Flori Sif applicable. (NOTE: ECTORS DELETE DELETE DELETE DELETE DELETE	s, the above-named of thorized by the corpor da Statutes. Registered Agent signature re 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 4.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE	PD PD PD PD PD PD PD PD PD PD	Change Additio Change Additio Change Additio Change Additio Change Additio Change Additio
office or re agent. I ar IGNATURE 2. IE ME REET ADDRESS Y-ST-ZIP IE ME REET ADDRESS IY-ST-ZIP IE ME REET ADDRESS IY-ST-ZIP IE ME REET ADDRESS IY-ST-ZIP IE ME REET ADDRESS IY-ST-ZIP	egistered agent, or both, ir m familiar with, and accept Signature. typed or printed name of OFF T MCCRACKEN, ED 365 FORREST AVE- PALO ALTO CA 9439 D DACQMINE, FREDERI 14 RIGE MAYET PARIS F 75006 FR PD PARRISH, CATHERINI 262 MT CLIFF ROAD HURLEYVILLE NY D BRENT, RONALD J 36 SOUTH WOODARI ENGLEWOOD NJ 076 VPD ECKLES, JACLYNE 1364 BEDFORD ROA PLEASANTVILLE NY S WYCKOFF, KATHERII 243 CORRALITOS RD WATERSONVILLE CA	h the State of Flori the obligations of registered agent and title FICERS AND DIR H IC E A. D 331	Ida. Such change was au f, Section 617.0503, Flori Sif applicable. (NOTE: ECTORS DELETE DELETE DELETE DELETE DELETE DELETE	s, the above-named of thorized by the corpor da Statutes. Registered Agent signature re 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 4.3 STREET ADDRESS 3.4. CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	PD THOMAS MORSE DODINICHASSE DODINICASSE DODINICS D	Change Addition Change Addition Change Addition Change Addition
office or re agent. I ar IGNATURE 2. IE ME REET ADDRESS Y-ST-ZIP IE ME REET ADDRESS IY-ST-ZIP IE ME REET ADDRESS IY-ST-ZIP IE ME REET ADDRESS IY-ST-ZIP IE ME REET ADDRESS IY-ST-ZIP IE ME REET ADDRESS IY-ST-ZIP	egistered agent, or both, ir m familiar with, and accept Signature. typed or printed name of OFF T MCCRACKEN, ED 365-FORREST-AVE- PALO-ALTO CA 9430 D DACQMINE, FREDERI 14 RIGE MAYET PARIS F 75006 FR PD PARRISH, CATHERINI 262 MT CLIFF ROAD HURLEYVILLE NY D BRENT, RONALD J 36 SOUTH WOODARI ENGLEWOOD NJ 076 VPD ECKLES, JACLYNE 1364 BEDFORD ROA PLEASANTVILLE NY S WYCKOFF, KATHERII 243 CORRALITOS RE WATERSONVILLE CA	The State of Flori the obligations of registered agent and ute FICERS AND DIR H IC E A. D 331 D 10570 NE D 95076 supplied with this	Ida. Such change was au f, Section 617.0503, Flori if applicable. (NOTE: ECTORS DELETE DELETE DELETE DELETE DELETE DELETE DELETE	s, the above-named of thorized by the corpor da Statutes. Registered Agent signature re 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 3.4. CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 1.1 TITLE 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 1.4 STREET 1.4 STREE	PD PD PD PD PD PD PD PD PD PD	Change Addition Change Addition Change Addition Change Addition Change Addition