FILED

2002 UNIFORM BUSINESS REPORT (UBR)

n an address, with all of

SIGNATURE:

Apr 24, 2002 8:00 am Secretary of State DOCUMENT # F93000001365 1. Entity Name DAVMIC CORP. 04-24-2002 90405 043 ***150.00 Principal Place of Business Mailing Address C/O STEVEN J. CLITES C/O STEVEN J. CLITES 701 ALPHA DRIVE 701 ALPHA DRIVE PITTSBURGH PA 15238 PITTSBURGH PA 15238 Principal Place of Business 3. Mailing Address CIO BIII Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 25-1580999 Not Applicable Zip Country Zip 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 CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301 City Zip Code 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) DATE 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. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE CETD ☐ Delete TITLE Change ☐ Addition NAME SHAPIRA, DAVID S NAME STREET ADDRESS 101 KAPPA DRIVE STREET ADDRESS CITY-ST-ZIP PITTSBURGH PA 15238 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NIMTZ, RICHARD H NAME STREET ADDRESS 101 KAPPA DRIVE STREET ADDRESS CITY-ST-7IP PITTSBURGH PA 15238 CITY-ST-ZIP TITLE VASD.... Delete, TITLE ____Change ☐ Addition NAME BURGO, RAYMOND J NAME STREET ADDRESS 101 KAPPA DRIVE STREET ADDRESS CITY-ST-7IP PITTSBURGH PA 15238 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 that 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 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 13. I hereby certify that the information indicated on this report or suppler of the corporation or the receive changed, or on an attachment