2000 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attack

SIGNATURE:

FILED DOCUMENT # F9300001436 May 26, 2000 8:00 am Secretary of State 1. Entity Name DATAMAX BAR CODE PRODUCTS CORPORATION 05-26-2000 90042 003 ***158.75 Principal Place of Business Mailing Address 4501 PARKWAY COMMERCE BLVD. 4501 PARKWAY COMMERCE BLVD. ORLANDO FL 32808 ORLANDO FL 32808-1013 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 41-1741956 Not Applicable Country Zip **\$8.75** Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name ORR. PETER D Street Address (P.O. Box Number is Not Acceptable) 4501 PARKWAY COMMERCE BLVD. ORLANDO FL 32808 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) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Change ☐ Addition TITLE ☐ Delete TITLE WIGGINS, RICHARD A NAME NAME 4501 PARKWAY COMMERCE BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF ORLANDO FL 32808 ☐ Addition DCP Change ☐ Delete TITLE TITLE DAVIS, MARVIN A NAME NAME 4501 PARKWAY COMMERCE BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIF ORLANDO FL CITY-ST-ZIP - 🔄 Addition -Detete TITLE TITLE ORR, PETER D NAME NAME 4501 PARKWAY COMMERCE BLVD. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL ☐ Addition Change Delete TITLE TITLE WEBER, JEFFREY A NAME STREET ADDRESS STREET ADDRESS 630 FIFTH AVE., SUITE 2900 CITY-ST-ZIP CITY-ST-ZIP **NEW YORK NY 10111** ☐ Addition ☐ Change ☐ Delete TITLE BENNETT, PETER NAME NAME 237 PARK AVE., 21ST FLOOR STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **NEW YORK NY 10017** ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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