2001 UNIFORM BUSINESS REPORT (UBR)

May 11, 2001 8:00 am Secretary of State DOCUMENT # F9400004870 1. Entity Name STRUCTURAL INTEGRITY ASSOCIATES, INC. 05-11-2001 90304 045 ***150.00 Mailing Address Principal Place of Business 3315 ALMADEN EXPRESSWAY 3315 ALMADEN EXPRESSWAY SUITE 24 SUITE 24 SAN JOSE CA 95118-1557 SAN JOSE CA 95118-1557 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 94-2872355 Not Applicable Zip Country Zip Country \$8.75 Additional Certificate of Status Desired. Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SMITH, DAVID H Street Address (P.O. Box Number is Not Acceptable) 3350 N.W. 22ND TERRACE BLDG."B" SUITE 1200 POMPANO BEACH FL 33069 Zip Code City 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 (NOTE: Registered Agent signature required when reinstating) DATE Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 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. ΡĐ ☐ Addition ☐ Change ☐ Detete TITLE TITLE riccardella. Peter c NAME NAME STREET ADDRESS 3315 ALMADEN EXPWY, SUITE 24 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SAN JOSE CA 95118-1557 X Change ☐ Addition ☐ Delete ΩT TITLE SMILEY, DEAN A NAME NAME STREET ADDRESS 3315 ALMADEN EXPWY, SUITE 24 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SAN JOSE CA ___ Change ___ Addition_ VC. TITLE - --- -☐ Delete TITLE DEARDORFF, ARTHUR F NAME NAME STREET ADDRESS 3315 ALMADEN EXPWY, SUITE 24 STREET ADDRESS SAN JOSE CA 95118-1557 CITY-ST-ZIP CITY-ST-7IP D ☐ Addition TITLE ☐ Delete TITLE GIANNUZZI, ANTHONY J NAME NAME STREET ADDRESS 3315 ALMADEN EXPWY, SUITE 24 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SAN JOSE CA 🔀 Delete ☐ Change Addition TITLE TITLE MUCCIARDI, ANTHONY J ROBERTA O'BRIEN NAME NAME ONE STATE ST STREET ADDRESS 512 ASHFORD RD STREET ADDRESS CITY-ST-ZIP HARREDED, CT 06102 CITY-ST-ZIP SILVER SPRING MD 20910 SD TITLE □ Delete TITLE Change ☐ Addition NAME GERBER, DAVID A NAME STREET ADDRESS 3315 ALMADEN EXPWY, SUITE 24 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SAN JOSE CA 95118-1557

FILED

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 like empowered.

SIGNATURE: