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2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

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Jan 16, 2003 8:00 am Secretary of State 01-16-2003 90054 040 ***150.00 Entity Name TERION, INC. Principal Place of Business Mailing Address 6505 WINDCREST, Suite 200 6505 WINDCREST, Suite 200 PLANO TX 75024 PLANO TX 75024 2. Principal Place of Business 3. Mailing Address 6505 Windcrest Dr. 6505 Windcrest Suite, Apt. #, etc. Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES 200 Surke Suite 200 City & State City & State 4. FEI Number Applied For Plano 59-3270837 aNO Not Applicable 75024 Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 75021 u≤ Fee Required 6.-Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND RD. PLANTATION FL 33324 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing After May 1, 2003 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. \Box Make Check Payable to Florida Department of State Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition NAME UGALE, RAVI M ugale, Ravi M. NAME 1 North Clematis St. STREET ADORESS 1 NORTH CLEMATIS STREET STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33401 CITY-ST-ZIP WEST Palmy Beach TITLE Delete TITLE Change Addition NAME BROWN, JAMES W NAME STREET ADDRESS 435 DEVON PARK DRIVE STREET ADDRESS CITY-ST-7/F WAYNE PA 19087 CITY-ST-ZIP DCEO ☐ Delete TITLE Change ☐ Addition CRANSTON, KEN NAME NAME STREET ADDRESS 6505 WIND CREST STREET ADDRESS CITY-ST-ZIP PLANO TX 75024 CITY-ST-ZIP TITLE D ☐ Delete D TITLE **L**effange ☐ Addition NAME FRNAZ, WILLIAM H FRANZ, William H 1801 Park 270 Drive, Suite 400 NAME STREET ADDRESS 1801 PARK 270 DRIVE, SUITE 400 STREET ADDRESS CITY-ST-ZIP ST LOUIS MO 63146 CITY-ST-7/P ST. Louis, MO 63146 TITLE Delete TITLE ☐ Change J. Deuglass multing 1901 S. Harbon City Blud. Suite SOI NAME Wong, Yung NAME STREET ADDRESS 29 ALDEN ROAD STREET ADDRESS CITY-ST-ZIP **GREENWICH CT 06831** CITY-ST-ZIP melbourne, FL 32901 **VPF** TITLE ☐ Delete TITLE ■ Addition NAME BORIGHT, MARK NAME STREET ADDRESS 6505 WINDCREST STREET ADDRESS CITY-ST-ZIP PLANO TX 75024 CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.