2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED May 01, 2000 8:00 am Secretary of State DOCUMENT # **F94000005765** 1. Entity Name KAF-TECH, INC. 05-01-2000 90432 028 ***150.00 Principal Place of Business Mailing Address 12435 73RD COURT NORTH 272 DUCHANE BLVD NEW BEDFORD MA 02745-1222 LARGO FL 34643 2. Principal Place of Business 3. Mailing Address Park DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc 4. FEI Number Applied For City & State 04-3245920 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301-2525 City Zip Code FI 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, 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. 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, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. 11. OFFICERS AND DIRECTORS President 10 moder PD Delete TITLE ☐ Addition TITLE Robert P. Mead one Tyco Pank wheeler, robert r NAME NAME STREET ADDRESS STREET ADDRESS 55 SAMUEL BARNET BOULEVARD CITY-ST-ZIP CITY-ST-7IP Exeter 10H 0503 **NEW BEDFORD MA 02745** Delete Change ☐ Addition TITLE rtecesurer TITLE michael A. Robinson KELLER, RAYMOND H NAME NAME STREET ADDRESS One Town Center Rd STREET ADDRESS 999 MAIN ST., #36 CITY-ST-ZIP Boca Raton Fl 33486 CITY-ST-ZIP WARREN RI 02885 secretary Director Bernard Dohorty Tt Change ☐ Addition TITLE TITLE PAPITTO, RALPH R NAME NAME One Tylo Park STREET ADDRESS STREET ADDRESS 6863 S.E. ISLE WAY CITY-ST-7IP CITY-ST-ZIP STEWART FL 34996 Excter 10H ☐ Change Addition V٢ ☐ Delete TITLE TITLE Scott Stevenson NAME NAME One Town Center Rd STREET ADDRESS STREET ADDRESS Boca Baton Fl 33486 CITY-ST-ZIF CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP 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 eath; 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date