2004 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

May 04, 2004 8:00 am Secretary of State DOCUMENT # F95000001917 1. Entity Name 05-04-2004 90211 043 ***150.00 DESTRON, INC. Mailing Address Principal Place of Business 3799 LAS VEGAS BLVD., SOUTH 3600 LAS VEGAS BLVD. S.? 0042202 LAS VEGAS, NV 89109 LAS VEGAS, NV 89109 2. Principal Place of Business 3. Mailing Address 3600 Las Vegas Blvd. South Suite, Apt. #, etc. Suite, Apt. #, etc. 04282004 Chq-P CR2E034 (10/03) Applied For City & State is Vegas, NV City & State 4. FEI Number Las 88-0234293 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 89109 USA 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 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. 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) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 \$5.00 May Be \Box Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. P/D PCO₀ TITLE ☐ Delete TITLE Сhалде Опалде О ☐ Addition Moon, Robert V 3799 Las Vegas Blvd. South MOON, ROBERT V NAME NAME: STREET ADDRESS STREET ADDRESS 3799 LAS VEGAS BLVD SOUTH CITY-ST-7IP Las Vegas, NV 89109 CITY-ST-ZIP LAS VEGAS, NV X X hange ☐ Delete TITLE TITLE Addition MUREEN, JAMES J NAME Murren, James J NAME STREET ADDRESS 3799 LAS VEGAS BLVD SOUTH STREET ADDRESS 3799 Las Vegas Blvd. South CITY-ST-ZIP LAS VEGAS, NV 89109 CITY-ST-ZIP Las Vegas, NV 89109 TITLE S ☐ Delete TITLE D Change **|** Addition Redmond, John 3799 Las Vegas Blvd. South JACOBS, GARY N NAME NAME STREET ADDRESS STREET ADDRESS 3799 LAS VEGAS BLVD SOUTH Las Vegas, NV 89109 CITY-ST-ZIP LAS VEGAS, NV 89109 CITY-ST-7IP ☐ Delete Change Addition TITLE TITLE WRIGHT, BRYAN NAME NAME STREET ADDRESS 3799 LAS VEGAS BLVD SOUTH STREET ADDRESS CITY-ST-ZIP LAS VEGAS, NV 89109 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete ŤITI F Change Addition NAME NAMÉ STREET ADDRESS STREET ADORESS CITY-ST-7IP 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 otyper fixe empowered.

Bryan Wright

NAME OF SIGNING OFFICER OR DIRECTOR

FILED

(702) 693-7167