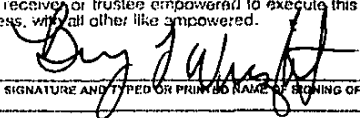


FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90506 034 ***150.00

DOCUMENT # F95000001917			
1. Entity Name DESTRON, INC.			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 3600 Las Vegas Blvd. South		3. Mailing Address Same	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Las Vegas, NV		City & State	
Zip 89109	Country USA	Zip	Country
4. FEI Number 88-0234293		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent			
Name C T CORPORATION SYSTEM			
Street Address (P.O. Box Number is Not Acceptable) 1200 S. Pine Island Rd.			
City Plantation		FL	Zip Code 33324
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 _____ (NOTE: Registered Agent signature required when re-instating)			
January 1 - May 1: Fee is \$150.00 After May 1: Fee is \$550.00 Amended UBR is \$81.25 Make Check Payable to Florida Department of State		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P Moon, Robert V. 3799 Las Vegas Blvd. South Las Vegas, NV 89109	TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	T/D Murren, James J. 3799 Las Vegas Blvd. South Las Vegas, NV 89109	TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	S/D Jacobs, Gary N. 3799 Las Vegas Blvd. South Las Vegas, NV 89109	TITLE NAME STREET ADDRESS CITY- ST- ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY- ST- ZIP	AS Wright, Bryan 3799 Las Vegas Blvd. South Las Vegas, NV 89109	TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	D Lanni, J. Terrence 3799 Las Vegas Blvd. South Las Vegas, NV 89109	TITLE NAME STREET ADDRESS CITY- ST- ZIP	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		TITLE NAME STREET ADDRESS 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 on an attachment with an address, with all other like empowered.			
SIGNATURE: 		Bryan Wright (702) 693-7167	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Day/Mo/Phone #	

CR2E034B (12/02)