2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Apr 16, 2002 8:00 am Secretary of State DOCUMENT # F97000001075 1. Entity Name 04-16-2002 90151 014 ***150.00 ELLIOTT ENERGY SYSTEMS, INC. Principal Place of Business Mailing Address 2901 SE MONROE ST 2901 SE MONROE ST STUART FL 34997 STUART FL 34997 211 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 25-1798393 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent MCCARTHY, TERENCE P Street Address (P.O. Box Number is Not Acceptable) MCCARTHY, SUMMERS, BOBKO, MCKEY, WOOD & SA 2081 E OCEAN BLVD 2ND FLR STUART FL 34996 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. 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. 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, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition COX. WILLIAM NAME NAME ELLIOT, COMP. 901 N 4TH ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **JEANNETTE PA 15644** CITY-ST-ZIP TITLE SRVP ☐ Delete TITLE Change ☐ Addition NAME BURNHAM, DOUGLAS R NAME STREET ADDRESS STREET ADDRESS 2901 SE MONROE ST CITY-ST-ZIP CITY-ST-7IP STUART FL 34997 TITLE CD ☐ Delete TITLE Change ☐ Addition ASSARD, DAVID NAME NAME ELLIOT COMP, 901 N 4TH ST STREET ADDRESS STREET ADDRESS JEANNETTE PA 15644 CITY-ST-ZIP CITY-ST-7IF ☐ Delete EVP&COO XX Addition TITLE ☐ Change TITLE NAME NAME Jefferiss, David J. STREET ADDRESS STREET ADDRESS 2901 SE Monroe Street CITY-ST-ZIP CITY-ST-ZIP Stuart, Florida 34997 TITLE TITLE ☐ Delete ☐ Change Addition NAME NAME Hillman, Stephen STREET ADDRESS STREET ADDRESS 29012SE Monroe Street CITY-ST-ZIP CITY-ST-ZIP Stuart, Florida - 34997 ☐ Delete TITLE TITLE Change XX Addition NAME NAME Bowen, Thomas STREET ADDRESS STREET ADDRESS 2901 SE Morroe Street CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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.

FILED