2001 UNIFORM BUSINESS REPORT (UBR)

Mar 20, 2001 8:00 am DOCUMENT # F9700002315 **Secretary of State** CREATIVE OPTICS, INC. 03-20-2001 90025 022 ***300.00 Principal Place of Business Mailing Address 7543 E TIERRA BUENA LN 7543 E TIERRA BUENA LN SCOTTSDALE AZ 85260 SCOTTSDALE AZ 85260 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 86-0806230 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 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 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 Zip Code City 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. DICK LARSON, Dec + VP - Change SR2E034 (10/00) CEOP TITLE ☐ Delete TITLE ASPER, PAUL D NAME 7543 E, TIETERA BUENA LA. NAME STREET ADDRESS 1407 CORAL WAY STREET ADDRESS SCOTISPALL. AZ 85260 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL GEORGE MELLOD **CFOS** TITLE TITLE SBLENDORIO, DOMINICK J NAME NAME 1543 EN TIERRA BYENA STREET ADDRESS 7332 EAST BUTHERUS DRIVE STREET ADDRESS SCOTTS DALG. A7 85260 CITY-ST-ZIP SCOTTSDALE AZ 85260 CITY-ST-7IP VP=========== Addition-TITLE - 1 - -TITLE -POHY CEWIS GUARINO, JOSEPH NAME NAME MIAHI PL 33145 1407 CORAL WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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)(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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete

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☐ Change

☐ Addition