2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # F97-000003586 FILED American Body Armor + Equipment, Inc 00 JUN 28 AM 9:21 ncipal Place of Business
Mailing Address
, 13386 International Parkway Principal Place of Business SECRETARY OF STATE TALLAHASSEE, FLORIDA Jacksonville, FL 32218 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 Not Applicable 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 Corporation Service Company 5000033215<u>25--7</u> 1201 Hays Street Tallahassee, FL 32301 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. 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, 2000 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 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1 12. TITLE Richard T. Bistrong 13386 International Parkway NAME NAME Stephen Croskrey. 13386 International Parkway STREET ADDRESS STREET ADDRESS Jacksonville, FL 32218 CITY-ST-ZIP CITY-ST-ZIP Tacksonville, FL 32218 TITLE TITLE DISIT Nicholas Winiewicz 13386 International Parkway Carol T. Burke 13386 International Parkway NAME NAME STREET ADDRESS STREET ADDRESS Jacksonville, FL 32218 CITY-ST-ZIP Jacksonville, FL 32218 CITY-ST-ZIP Addition TITLE TITLE Robert Schiller 13386 International Parkway Warren B. Kanders 13386 International Parkway NAME NAME STREET ADDRESS STREET ADDRESS Jacksonville, FL 32218 CITY-ST-ZIP Jacksonville, Fh 37218 CITY-ST-ZIP TITLE ☐ Delete ☐ Addition TITLE Jonathan Spiller NAME NAME 13386 International Parkway STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Jacksonville, FL 32218 TITLE Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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.

SIGNATURE: Number of Signing Officer or Director 4/0/00 404 741 1755

Signature and typed or Printing Name of Signing Officer or Director Dayling Phone \*