2001 UNIFORM BUSINESS REPORT (ÜBR)

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FILED Jan 23, 2001 8:00 am Secretary of State DOCUMENT # F9700003875 CONTROLNET INTERNATIONAL LTD., INC. 01-23-2001 90110 038 ****61.25 Principal Place of Business Mailing Address 20423 STATE RD 7 #F6 20423 STATE RD 7 #F6 PMB 315 PMB 315 00000713 **BOCA RATON FL 33498 BOCA RATON FL 33498** 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 4. FEI Number 62-1700535 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 Name Street Address (P.O. Box Number is Not Acceptable) MOSS, WILLIAM H 20423 STATE RD 7 #F6 **PMB 315 BOCA RATON FL 33498** 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) DATE 9. Election Campaign Financing FILE NOW: Make Check Payable to \$5.00 May Be Trust Fund Contribution. FEE IS \$61,25 Added to Fees Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE ☐ Change ☐ Addition EISNER, DAVID NAME NAME STREET ADDRESS 16404 N BLACK STREET ADDRESS CITY-ST-ZIP PHOENIX AZ 85023 CITY-ST-ZIP TITLE DT ☐ Addition ☐ Delete TITLE Change NAME BJEGAQKI, STEVE NAME Jack DeLeon 1 ALLEN BRADLEY DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MAYFIELD HTS OH 44124 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME MOSS, WILLIAM H NAME STREET ADDRESS PMB 315- 20423 STATE RD 7 #F6 STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33498** CITY-ST-ZIP DILE ☐ Delete TITLE ☐ Change ☐ Addition NAME HABBSJER, NICHOLAS NAME STREET ADDRESS PILEFELTSGATAN 73 STREET ADDRESS CITY-ST-ZIP HALMSTAD SW 30250 CITY-ST-ZIP TITLE Delete TITLE **★**Addition WILLIAMS, GIL \ NAME Kevin Knake NAME 1850 Research Dr - Suite 300 STREET ADDRESS 173 HEATHERDOWN ROAD STREET ADDRESS CITY-ST-ZIP WESTERVILLE OH 43081 CITY-ST-7/P TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 truetge empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

an 12, 2001

Daytime Phone #