2000 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

FILED DOCUMENT # F9800000353 Jul 20, 2000 8:00 am 1. Entity Name **Secrétary of State** EMSL ANALYTICAL, INC. 07-20-2000 90019 025 ***550.00 Mailing Address Principal Place of Business 107 HADDON AVE. 19595 NE 10TH AVE., BAY C. N. MIAMI BEACH FL 33179 WESTMONT NJ 08108 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 22-2357101 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. **PDC** Change ☐ Addition TITLE Delete TITLE FRASCA, PETER NAME 107 Haddon And -1 COOPER ST. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **WESTMONT NJ 08108 VDC** Change ☐ Addition TITLE ☐ Delete TITLE FRASCA, CARMELA NAME NAME 107 Haddon Ans. STREET ADDRESS 1 COOPER ST. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WESTMONT NJ 08108 Change Detete DRE -Addition-TITLE" BOISCLAIR, MARIA NAME NAME 107 Haddon Av. STREET ADDRESS 1-COOPER-ST. STREET ADDRESS CITY-ST-ZIP City-St-7tP WESTMONT NJ 08108 ☐ Change ☐ Addition □ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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.