

2000 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # F98000000884**

1. Entity Name

SLC TECHNOLOGIES, INC.**FILED**
Feb 11, 2000 8:00 am
Secretary of State

02-11-2000 90040 019 ***150.00

712132

DO NOT WRITE IN THIS SPACE

| | | | |
|--|---------|---|---------|
| Principal Place of Business 12345 S.W. LEVETON DRIVE TUALATIN OR 97062 | | Mailing Address 12345 S.W. LEVETON DRIVE TUALATIN OR 97062-6001 | |
| 2. Principal Place of Business Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |
| 4. FEI Number 52-1833516 | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |

| | | | |
|--|--|--|--|
| 6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525 | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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)

DATE

| | | |
|--|---|--|
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/> | FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State | 10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Added to Fees |
|--|---|--|

| 11. OFFICERS AND DIRECTORS | | 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|---|---|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CD HAMLING, J L 25 CENTURY BLVD., STE 305 NASHVILLE TN 37214 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD BOYDA, K L 12345 S.W. LEVETON DRIVE TUALATIN OR 97062 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V COOK, J C 1500 MARKET ST PHILADELPHIA PA 19102 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | ST LOGAN, J R 1510 TATE BLVD., S.E. HICKORY NC 28603 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D BERWIND JR, C G 1500 MARKET ST PHILADELPHIA PA 19102 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D KOSNIK, E F 1500 MARKET ST PHILADELPHIA PA 19102 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> |

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, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

John R. Logan**Feb. 2, 2000****828-322-23**

Date

Daytime Phone #