2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Mar 08, 2001 8:00 am Secretary of State DOCUMENT # F9800001668 1. Entity Name 03-08-2001 90064 035 ***150.00 STRATUS SERVICES GROUP, INC. Principal Place of Business Mailing Address 500 CRAIG RD. STE 201 500 CRAIG RD. STE 201 ~ - ' 00022816 Manalapan nj 07726 MANALAPAN NJ 07728 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 22-3499261 Not Applicable Country Ζiρ Country Zip \$8.75 Additional 7. Name and Address of New Registered Agent Name and Address of Current 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 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 it 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 \Box (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (10/00) , Delete ☐ Change ☐ Addition TITLE IIILE RUTKIN, MICHAEL J NAME NAME 15 WILKINSON RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP RANDOLPH NJ CITY-ST-ZIP ■ Addition ☐ Change ☐ Dalete TITLE TITLE RAYMOND, J T NAME NAME STREET ADDRESS 29 CORONET AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP LINCROFT NJ ☐ Change ☐ Addition Delete TITLE TITLE RAYMOND, JOSEPH J NAME NAME STREET ÄUDRESS STREET ADDRESS 17140 CORAL COVE WAY CITY-ST-ZIP CITY-ST-ZIP **BOCA RATON FL** ☐ Delete TITLE ☐ Addition TITLE KINGSTON, HARRY R NAME NAME 78-312 BONANZA DR STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PALM DESERT CA ☐ Change ☐ Addition TITLE TITLE ☐ Detete MALTZMAN, MICHAEL A NAME NAME 206 MUSKFLOWER CT STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TOMS RIVER NJ ☐ Addition Delete Change TITLE TITLE. FEIDT, DONALD NAME NAME 13 NORMANDY DR STREET ADORESS STREET ADDRESS OTY-ST-ZIP CITY-ST-ZIP WESTFIELD NJ 07091 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 the empowered. 5. Todd Raymond Secretary

ED OR PRINTED MAME OF SIGNING OFFICER OR DIRECTOR

FILED