2001 UNIFORM BUSINESS REPORT (UBR) FILED May 11, 2001 8:00 am Secretary of State DOCUMENT # F98000002143 1. Entity Name **DEVCON CONSTRUCTION INCORPORATED** 05-11-2001 90101 003 ***150.00 Principal Place of Business Mailing Address 555 LOS COCHES STREET 555 LOS COCHES STREET MILPITAS CA 95035 MILPITAS CA 95035 2. Principal Place of Business 3. Mailing Address 690 Gibraltar Drive 690 Gibraltar Drive Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 94-2685009 Not Applicable Country \$8.75 Additional USA Certificate of Status Desired Fee Required USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name EARLE, RICHARD Street Address (P.O. Box Number is Not Acceptable) 111 2ND AVENUE NE, STE 1401 ST PETERSBURG FL 33701 Zip Code City 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 DATE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition PCD ☐ Delete TITLE TITLE FILIZETTI, GARY NAME NAME 690 Gibraltar Drive Milpitas, Ca. 95035 555 LOS COCHES STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MILPITAS CA Change ☐ Addition VSD ☐ Delete TITLE LUDWIG, BARRY 690 Gibraltar Drive NAME 555 LOS COCHES STREET STREET ADDRESS STREET ADDRESS Milpitas, Ca. 95035 CITY-ST-ZIP MILPITAS CA CITY-ST-ZIP Change ■ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-ZiP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP on supplied with this filing & 13. I hereby certify that the inform

3. I hereby certify that the information supplied with this filing coes 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 surglemental report is the analysiscurate 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 employered 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 life employered.

SIGNATURE:

GNATURE AND TUPED OR PRINTED NAME OF SIGNING DEFICER OR DIRECTOR

5/1/01

408-942-8200

Daytime Phone #