2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F98000004527

FILED May 01, 2002 8:00 am § Secretary of State



1. Entity Name TECHNOPOINT INTERNATIONAL, INC. EXOL INTERNATIONAL, INC.							
3420 FAIRLANE FARMS RD WELLINGTON FL 33414	3420 FAIRLANE FARMS RD WELLINGTON FL 33414						
2. Principal Place of Business	3. Mailing Address						
Suite, Apt. #, etc.	Suite, Apt. #, etc.						
City & State	City & State						

changed, or on an attachment with an address

SIGNATURE:

TELESTO CONTENTE		WELEMOTON	WELLINGTON TE WHIT				
2. Principal Place of Business Suite, Apt. #, etc. City & State		3. Mailing Add	3. Mailing Address Suite, Apt. #, etc. City & State				
		Suite, Apt. #			DO NOT WRITE IN THIS SPACE		
		City & State			4. FEI Number 31-1454288	Applied For Not Applicable	
Zip	Country	Zip Country			5. Certificate of Status Desired S8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent					7. Name and Address of New Registered Agent		
VALDEC CALILL	CORRORATE CERUICE	N INO		Name			
VALDES-FAULI CORPORATE SERVICES, INC. 777 S. FLAGLER DR, SUITE 500E WEST PALM BEACH FL 33401			Street Add	Street Address (P.O. Box Number is Not Acceptable)			
4				City	FL	Zip Code	
8. The above name	d entity submits this statem	ent for the purpose of c	hanging its reg	istered office or re	egistered agent, or both, in the State of Florida.	J	

Signature, typed or printed name of registered agent and title if 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, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE Delete TITLE ☐ Change Addition BURGESS PETER VENTURELLI, FOSCO NAME NAME BYLO FAIRLANE FARMS RD VIAMONTE FIORINO 9 SAN GIOVANI LUPATOT STREET ADDRESS STREET ADDRESS VERONA 37057 ITALY CITY-ST-ZIP CITY-ST-ZIP WELLINGTON FC B3414 Delete TITLE TITLE Change SPIRITEUI, CLAUDIO GASTALDIN, GAETANO NAME NAME STREET ADDRESS VIA MONTE FIORINO 9 SAN GIOVANI LUPATO 9 SANGIOVÁNNI LUPATOTO STREET ADDRESS CITY-ST-ZIP VERONA 37057 ITALY CITY-ST-ZIP 37057 VERONA **Delete** TITLE TITLE Change Addition NAME GIESEPPE, MIGLIORINI PORTIOLI, ANDREA NAME 9 SAN GIOVANNI LUPATOTO STREET ADDRESS VIA MONTE FIORINO 9 SAN GIOVANNI LAPATO STREET ADDRESS CITY-ST-ZIP verona 37057 italy CITY-ST-ZIP **VP** TITLE **D**elete TITLE Change Addition YELLOWLEY, IAN WESTFIELD, EDWARD NAME NAME 12752 MEADOWBREEZE DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WELLINGTON FL 33414 CITY-ST-ZIP WEST VANCOUVER, BC, CANADA 1EZ TITLE TITLE ☐ Delete ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 indiffee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

all other like empowered

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

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