FILED
Aug 26, 2002 8:00 am
Secretary of State
08-26-2002 90054 005 ***150.00

FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F99000001127

1. Entity Name
ROKTECH, INC.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
PO Box 21084	PO Box 21084
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: CHARLESTON SC	City & State: CHARLESTON SC
Zip: 29413 Country: USA	Zip: 29413 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 58-2341677 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: ~~RokTech, Inc.~~ CT Corporation System

Street Address (P.O. Box Number is Not Acceptable): ~~1133 Founders Blvd~~ 1200 South Pine Island Rd

City: ~~Plantation~~ ~~JACKSONVILLE~~ FL Zip Code: ~~32225~~ 33324

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: Katherine Ozalas DATE:
(Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when changing)

9. This corporation is eligible to satisfy its intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE: CP NAME: OZALAS, KATHERINE STREET ADDRESS: 192 EAST BAY ST STE 210 CITY-ST-ZIP: CHARLESTON SC 29401	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
TITLE: CV NAME: WALKER, RICHARD C III STREET ADDRESS: 192 EAST BAY ST STE 210 CITY-ST-ZIP: CHARLESTON SC 29401	TITLE: NAME: STREET ADDRESS: CITY-ST-ZIP:
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CR2E034B (12/01)

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

SIGNATURE: Katherine Ozalas 4/18/02 843 577 3192
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #