2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F9900002907 Aug 24, 2000 8:00 am Secretary of State PT-1 TECHNOLOGIES, INC. 08-24-2000 90026 049 ***550.00 Principal Place of Business Mailing Address 30-50 WHITESTONE EXPRESSWAY 30-50 WHITESTONE EXPRESSWAY FLUSHING NY 11354 FLUSHING NY 11354 CIPB\UUA 3. Mailing Address みつろと、 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc City & State 4. FEI Number Applied For 52-2037072 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired א סוכ Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NRAI SERVICES, INC. Street Address (P.O. Box Number is Not Acceptable) 526 E. PARK AVENUE TALLAHASSEE FL 32301 Zip Code 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. ☐ Addition ☐ Change X Delete TITLE TITLE TAWFIK, SAMER NAME NAME STREET ADDRESS STREET ADDRESS 30-50 WHITESTONE EXPRESSWAY CITY-ST-ZIP CITY-ST-ZIP FLUSHING NY 11354 ☐ Addition TITLE TITLE Change . delete NAME VITA. PETER NAME STREET ADDRESS 30-50 WHITESTONE EXPRESSWAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FLUSHING NY 11354 ☐ Addition TITLE TITLE Oelete NAME BARLEY, DOUGLAS NAME STREET ADDRESS 30-50 WHITESTONE EXPRESSWAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FLUSHING NY 11354 Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7/P ☐ Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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