2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# F99000005147

City-St-Zip:

TOMS RIVER, NJ 08753

Entity Name: M.E.C. THERMAL SPRAY, INC.

FILED May 02, 2003 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 4201 ST LUCIE BLVD FORT PIERCE, FL 34946 **Current Mailing Address: New Mailing Address:** 2200 INDUSTRIAL WAY SOUTH TOMS RIVER, NJ 08755 FEI Number: 22-3499662 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: AUSTIN, CHRISTINA KULKASKI, STANLEY 4201 B ST. LUCIE BLVD. 4201 B ST. LUCIE BLVD FORT PIERCE, FL 34946 US FORT PIERCE, FL 34946 US 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: STANLEY KULAKASKI 05/02/2003 Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition KULKASKI, RICHARD Name: Name: 1210 GANNET COURT Address: Address: City-St-Zip: FORKED RIVER, NJ 08731 City-St-Zip: Title: VCVT () Delete Title: () Change () Addition Name: SZAPUCKI, MATTHEW Name: 1282 WEST TODD ROAD Address: Address: TOMS RIVER, NJ 08755 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition PAVAO, LYNDA Name: Name: 210 ELIZABETH AVE Address: Address:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: LYNDA PAVAO S 05/02/2003