2003 FOR PROFIT CORPORATION

FILED Mar 24, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** DOCUMENT # F99000006723 1. Entity Name 03-24-2003 90155 036 ***150.00 VENTURI TECHNOLOGIES, INC. Principal Place of Business Mailing Address 6856 YORK STREET PO BOX 16423 **DENVER CO 80229-7342** DENVER CO 80216 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State. City & State 4. FEI Number Applied For 87-0580279 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CORPORATION SERVICE COMPANY Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET TALLAHASSEE FL 32301 City Zip Code 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. I am familiar with, and accept the obligations of registered agent. 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 \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE CEO Delete Change Addition NAME DOUGHERTY, MICHAEL NAME STREET ADDRESS 6295 E. 56TH AVENUE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP COMMERCE CITY CO 80022 CEO ☐ Delete TITLE TITLE Change ☐ Addition C00 MITCHELL J. MARTIN NAME NAME MARTIN, MITCHELL J 6856 York Street STREET ADDRESS STREET ADDRESS 6295 E. 56TH AVENUE CITY-ST-ZIF CITY-ST-ZIP Denver, CO 80229-7342 COMMERCE CITY CO 80022 STEPHEN S. ABATE - Change TITLE Delete -Addition NAME ABATE, STEVE 6856 York Street STREET ADDRESS STREET ADDRESS **6295 E. 56TH AVENUE** Denver, CO 80229-7342 CITY-ST-ZIP CITY-ST-ZIP COMMERCE CITY CO 80022 Secretary TITLE Delete TITLE Change Addition NAME MILLER, PAMELA J NAME Neiller tamela J. STREET ADDRESS STREET ADDRESS **6295 E. 65TH AVENUE** lork CITY-ST-ZIF CITY-ST-ZIP 80229-7342 COMMERCE CITY CO 80022 TITLE ☐ Delete TITLE Change ☐ Addition NAME МАМЕ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition

12. 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 of 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE

NAME

STREET ADDRESS

CITY-ST-7IP

720-322-7770