2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

Feb 13, 2001 8:00 am **DOCUMENT # G74278** Secretary of State 1. Entity Name IMPERIAL RESEARCH AND MANUFACTURING CORPORATION 02-13-2001 90601 035 ***158.75 Principal Place of Business Mailing Address 166 CENTER ST 166 CENTER ST りんるひょひ CAPE CANAVERAL FL 32920 CAPE CANAVERAL FL 32920 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE SUITE City & State Applied For City & State 4. FEI Number 59-2502746 Not Applicable Zip Country Country Zìp \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BEALS, ROBERT E 1900 SOUTH HICKORY STREET MELBOURNE FL 32901 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 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 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE Change ☐ Addition HRADESKY, EDWARD L NAME NAME STREET ADDRESS STREET ADDRESS 124 ST CROIX CITY-ST-ZIP CITY-ST-ZIP COCOA BEACH, FL 00000 ☐ Delete **Change** ☐ Addition TITLE TITLE MORRIS, JOHN J 55 WESTVIEW LANE. MORRIS, JOHN J NAME NAME STREET ADDRESS STREET ADDRESS 1370 YORK CIR COCOA BEACH, FL 32931 CITY-ST-ZIP CITY-ST-ZIP MELBOURNE FL 32904 TITLE" TITLE ☐ Addition NAME ZACCARO, T W NAME STREET ADDRESS 325 S. BANANA RIVER BLVD. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP COCOA BCH FL TITLE ☐ Delete TITLE [] Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE Delete [] Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS 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 trusted 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 life empowered.

JOHN J. MORRIS