2002 UNIFORM BUSINESS REPORT (UBR)

Feb 21, 2002 8:00 am Secretary of State G88961 DOCUMENT # 1. Entity Name 02-21-2002 90101 009 ***150.00 ASC GEOSCIENCES, INC. Mailing Address Principal Place of Business 3055 DRANE FIELD RD 3055 DRANE FIELD RD LAKELAND FL 33811 LAKELAND FL 33811 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 59-2383857 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Anupam Saxena SAXENA, DHIRENDRA S Street Address (P.O. Box Number is Not Acceptable) 3055 DRANE FIELD ROAD LAKELAND FL 33811 3055 Drane Field Road City Lakeland 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. Anupam Saxena, Executive Vice President SIGNATURE printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Change ☐ Addition TITLE ☐ Delete TITLE NAME saxena. Anupam NAME STREET ADDRESS 4902 TRADITION DRIVE STREET ADDRESS 3055 Drane Field Road CITY-ST-ZIP LAKELAND FL 33813 CITY-ST-ZIP Lakeland, Florida 33811 ☐ Addition Change TITLE ☐ Delete TITLE NAME NAME SAXENA, DHIRENDRA S STREET ADDRESS STREET ADDRESS 1068 SUGARTREE DRIVE S 3055 Drane Field Road CITY-ST-ZIP CITY-ST-ZIP LAKELAND FL 33813 Lakeland, Florida 33811 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLÉ TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 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

SIGNATURE:

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

15 Jan, 2002 863.644, 8300

FILED