FILED

Mar 30, 2001 8:00 am

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # H44816

| HUTCHINGS TECHNOLOGY, INC. | | | | | | Secretary of State 03-30-2001 90345 008 ***150.00 | | | | |
|--|--|---|-------|----------------------|---|---|--------------|-------------|-----------------|-----|
| Principal Place of Business 888 E. LAS OLAS BLVD SUITE 601 FT LAUDERDALE FL 33301 US | | Mailing Address 888 E. LAS OLAS BLVD. SUITE 601 FORT LAUDERDALE FL 33301 US | | | |) INGI-ÀIL GIRH GIGHI GIGHE INGIG NILL GIGHI HEGI | | | | |
| 2. Principal F | Place of Business | 3. Mailing Address | | | | | | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | | DO NOT WRITE IN THIS SPACE | | | | |
| City & Stat | te | City & State | | | 4. F | El Number 59-25004 | 76 | | oplied For |] |
| Zip | Country | Zip | Count | ry | 5. C | Certificate of Status Desired | | \$8.75 Add | fitional | |
| e resperience es | 6. Name and Address of Current F | legistered Agent | | 22 | 7. N | ame and Address of New | Registered / | | | ┨ |
| | | Name | | | | | | 1 | | |
| PATTERSON, RICHARD B 888 E. LAS OLAS BLVD. | | | | Street Add | treet Address (P.O. Box Number is Not Acceptable) | | | | | |
| | E 601 | | | | | | | | | 1 |
| FOR | T LAUDERDALE FL 33301 | | | City | | | FL | Zip Code | e | 1 |
| Tax filing | Signature, typed or printed name of registered agent an oration is eligible to satisfy its Intangible requirement and elects to do so. | FILE NOW!! After MAY 1, 200 | ! FEE | will be \$550 | 0.00 | nstating) 10. Election Campaign F Trust Fund Contribu | | | 0 May Be | |
| <u> </u> | ria on back) | Make Check Payable to Departm | | | | | | 0.050000 | | 1 |
| 11. | OFFICERS AND DIRECTORS 1 | | | ··· | ADI | DITIONS/CHANGES TO O | FICERS AND | | | 1 8 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | CEOD HUTCHINGS, JAMES 888 E. LAS OLAS BLVD., SUITE FORT LAUDERDALE FL 33301 | ☐ Delete | • | | | | | ☐ Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP PATTERSON, RICHARD B 888 E. LAS OLAS BLVD., SUITE 601 FORT LAUDERDALE FL 33301 | | | ET ADDRESS ST-ZIP | | | | ☐ Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD HUTCHINGS, RONALD J 888 E. LAS OLAS BLVD., SUITE 6 FORT LAUDERDALE FL 33301 | □ Delete | | | | | | ☐ Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S HUTCHINGS, BARBARA J 888 E. LAS OLAS BLVD., SUITE 6 FORT LAUDERDALE FL 33301 | ☐ Delete | | | | | | Change | Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | | ſ | | | | ☐ Change | ☐ Addition | - |
| TITLE NAME | | Delete | TITLE | | | | | ☐ Change | ☐ Addition | 1 |

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

CITY-ST-ZIP

SIGNATURE: