2001 UNIFORM BUSINESS REPORT (UBR)

May 16, 2001 8:00 am Secretary of State **DOCUMENT # J47214** 1. Entity Name 05-16-2001 90039 024 ***150.00 ENDICOTT ELECTRONICS, INC. Principal Place of Business Mailing Address 4450 ENTERPRISE CT 4450 ENTERPRISE CT MELBOURNE FL 32934 MELBOURNE FL 32934 US 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 59-2753956 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name-EDWARDS, JAMES Street Address (P.O. Box Number is Not Acceptable) **670 WATERWOOD WAY MELBOURNE FL 32940** Zip Code City FL 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. (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title il applicable. 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, 2001 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 12. 11. CR2E034 (10/00) ☐ Addition TITLE Change ☐ Delete TITI F NAME EDWARDS, JAMES B. NAME STREET ADDRESS STREET ADDRESS 670 WATERWOOD WAY CITY-ST-ZIP CITY-ST-ZIP **MELBOURNE FL 32940** ☐ Change ☐ Addition ☐ Delete TITLE TITLE DS EDWARDS, MARGARET J. NAME STREET ADDRESS STREET ADDRESS 670 WATERWOOD WAY CITY-ST-ZIP CITY-ST-7IP MELBOURNE FL 32940 Change Addition TITLE ☐ Delete 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 TITLE □ Delete TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Caluardo Director 4/30/01
SIGNING OFFICER OR DIRECTOR

321-242 2048

FILED

Daytime Phone #