2002 UNIFORM BUSINESS REPORT (UBR)

May 27, 2002 8:00 amg Secretary of State J53242 DOCUMENT # 1. Entity Name 05-27-2002 90262 039 ***150.00 PILATUS, INC. Principal Place of Business Mailing Address 2903 CHELSEA WOODS DR. 2903 CHELSEA WOODS DR. VALRICO FL 33594 VALRICO FL 33594 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. 5. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-2763533 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 Name WEINSTEIN, NEAL Street Address (P.O. Box Number is Not Acceptable) **601 EAST TWIGGS STREET** TAMPA FL 33602 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE ☐ Delete ☐ Change ☐ Addition CR2E034 (9/01 NAME ADAM. ROSEMARIE NAME STREET ADDRESS 2903 CHELSEA WOODS DR. STREET ADDRESS CITY-ST-ZIP VALRICO FL CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME DEMARTELL, HENRI NAME STREET ADDRESS 2933 CHELSEA WOODS DR. STREET ADDRESS CITY-ST-ZIP VALRICO FL CITY-ST-7IP TITLE D ☐ Delete TITLE ☐ Change ☐ Addition NAME ADAM, DONALD A. NAME STREET ADDRESS 18542 BEACHMONT AVENUE STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP SANTA ANA CA TITLE ☐ Delete TITLE Change ☐ Addition NAME ADAM. BEVERLY NAME STREET ADDRESS 18542 BEACHMONT AVENUE STREET ADDRESS CITY-ST-ZIP santa ana ca CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS

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 Jeport 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 attact ment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED

FILED

Daytime Phone #