1. Entity Name MICROANALYTICS, INC.				Secretary of State 04-19-2001 90314 001 ***150.00	
Principal Place of Business 3065 FERMANAGH DR TALLAHASSEE FL 32306 US		Mailing Address PO BOX 13854 TALLAHASSEE FL 32317 US		~ ~ 1 v 9 V	
2. Principal F	Place of Business	3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	··	DO NOT WRITE IN THIS SPACE	
		City & State			7
City & State		City & State	. <u>,</u>	4. FEI Number 59-2786423 Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired \$8.75 Additional Fee Required	
	6. Name and Address of Currer	nt Registered Agent		7. Name and Address of New Registered Agent	١.
~ @∩⊔	ENKER, PAMELA S.	ا مداده به ایماند. اینا	Name		
3065 FERMANAGH DR TALLAHASSEE FL 32308			Street Address	s (P.O. Box Number is Not Acceptable)	
	·		City .	FL Zip Code	
Tax filing	oration is eligible to satisfy its Intangib requirement and elects to do so. ria on back)	After MAY 1, 2	'!!! FEE IS \$150.00 001 Fee will be \$550.00 ble to Department of S	I TRIST FUND COMMOUNDING I I AMORD TO FREIS	
11.	OFFICERS AN	D DIRECTORS	12.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	ے ا
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SCHENKER, PAMELA S. 3065 FERMANAGH DR TALLAHASSEE FL 32308	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	1004 11000
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
indicated	on this report or supplemental report	is true and accurate and that	my signature shall have th	Section 119.07(3)(i), Florida Statutes. I further certify that the information e same legal effect as if made under oath; that I am an officer or director 07, Florida Statutes; and that my name appears in Block 11 or Block 12 if	

Figurature and VDED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daylime Phone #