2000 UNIFORM BUSINESS REPORT (UBR)

FILED **DOCUMENT # J63950** Jan 27, 2000 8:00 am Secretary of State THERMAL TECHNOLOGIES, INC. 01-27-2000 90027 020 ***150.00 Principal Place of Business Mailing Address 630 PARKWAY 630 PARKWAY **BROOMALL PA 19008** FIRST FLOOR 101481 **BROOMALL PA 19008** 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FE! Number Applied For 23-2468095 Not Applicable Zip Country 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 CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD **PLANTATION FL 33324** 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. DATE (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, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME LENTZ. JAMES R STREET ADDRESS STREET ADDRESS 139 EVERGREEN COURT CITY-ST-7IP CITY-ST-ZIP **BLUE BELL PA** Change Addition TITLE -'⊡' Dēiete' TITLE BYRNE, DAVID NAME NAME STREET ADDRESS STREET ADDRESS 6023 BATEAU DR CITY-ST-ZIP CITY-ST-ZIP FLOWERY BRANCH GA ☐ Delete TITLE Change ☐ Addition NAME **BOLKENSTEIN, COR** NAME STREET ADDRESS STREET ADDRESS HOOG SOEREN 86 7346 AE HOOG SOEREN CITY-ST-ZIP CITY-ST-ZIP HOLLAND TH Delete TITLE ☐ Change Addition NAME BELDEN, DANE NAME STREET ADDRESS STREET ADDRESS 130 NORTH POINT COURT CITY-ST-ZIP CITY-ST-ZIP **BLYTHEWOOD SC** ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME VERSCHUURE, JOHANNIS STREET ADDRESS STREET ADDRESS 130 NORTHPOINT COURT CITY-ST-ZIP CITY-ST-ZIP BLYHTEWOOD SC Addition TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with the filling does no indicated on this report or supplemental report in true and accurate

3. I hereby certify that the information supplied with the filing does no 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 fue and ascurate 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 embowered 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 an powered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING O

SIGNATURE:

JAMES R. LENTZ

01-19-2000

(610) 353-8887

Daytime Phone #