2001 UNIFORM BUSINESS REPORT (UBR)

Apr 24, 2001 8:00 am Secretary of State **DOCUMENT # K15234** 1. Entity Name PALM ELECTRONICS MANUFACTURING CORP. 04-24-2001 90334 035 ***150.00 Principal Place of Business Mailing Address 16115 N.W. 52ND AVENUE 16115 N.W. 52ND AVENUE 740006 MIAMI FL 33014 MIAMI FL 33014 HS US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0050230 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 C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 City Zip Code 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 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, 2001 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. **VSTD** CR2E034 (10/00) Delete TITLE ☐ Change ☐ Addition FLANDERS, HOWARD L. NAME STREET ADDRESS STREET ADDRESS 16115 N.W. 52ND AVENUE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL DC ☐ Delete TITLE TITLE ☐ Change Addition NAME PAUL GOLDBERG NAME STREET ADDRESS STREET ADDRESS **16115 NW 52ND AVENUE** CITY-ST, ZIP CITY-ST-7IP MIAMI-FL TITLE PD ☐ Change ☐ Delete TITLE Addition NAME **BRUCE M GOLDBERG** NAME STREET ADDRESS STREET ADDRESS 230 DEVCON DRIVE CITY-ST-ZIP CITY-ST-ZIP SAN JOSE CA 95112 TITLE ☐ Delete TITLE Change ☐ Addition NAME RICK GORDON NAME STREET ADDRESS 230 DEVCON DRIVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SAN JOSE CA TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IF 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Howard L. Flanders 4/17/01

01 Daytime From 6 - 4149