2000 UNIFORM BUSINESS REPORT (UBR)

FILED Apr 24, 2000 8:00 am Secretary of State DOCUMENT # **K18359** 1. Entity Name RAND TECHNOLOGIES INC. 04-24-2000 90019 032 ***150.00 Principal Place of Business Mailing Address 7380 SAND LAKE RD 110 SE 6 ST 15TH FL STE 500 ORLANDO FL 32819 FORT LAUDERDALE FL 33301-5004 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0052928 Not Applicable Zip Country \$8.75 Additional 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 MATT ZIFRONY,C/O TRIPP,SCOTT,CONKLIN&SMITH Street Address (P.O. Box Number is Not Acceptable) 110 SE 6TH ST 15TH FL FORT LAUDERDALE FL 33301 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. 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 Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 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 12. 11. Addition ☐ Delete TITLE TITLE SEMKIW, DENNIS C. NAME NAME STREET ADDRESS 4110 MOLLY AVE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MISSISSAUGA, ONTARIO ☐ Change ☐ Addition TITLE □ Delete TITLE SEMKIW, BRIAN W. NAME NAME STREET ADDRESS 2020 LAKESHORE RD E. STREET ADDRESS OAKVILLE, ONTARIO CITY-ST-ZIP CITY-ST-ZIP __: Change ☐ Addition TITLE ☐ Delete... BALDESARRA, G. RON NAME NAME STREET ADDRESS 7887 CHURCHVILLE RD STREET ADDRESS CITY-ST-ZIP **BRAMPTON, ONTARIO** CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME

s filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information ue and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director 13. I hereby certify that the information supplied m indicated on this report or supplemental reg execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if of the corporation or the receiver or trustee changed, or on an attachment with an adther like empowered

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

JIRED BRIAN SEMKIW SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR