2005 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Apr 19, 2005 8:00 am Secretary of State **DOCUMENT # L00000007837** 04-19-2005 90014 012 ****50.00 1. Entity Name POLLIN PATENT LICENSING, LLC Principal Place of Business Mailing Address 20037539 15235 SHADY GROVE RD 15235 SHADY GROVE RD 301 301 ROCKVILLE, MD 20850 ROCKVILLE, MD 20850 2. Principal Place of Business 801 WASHINGTONIAN BLVD 3. Mailing Address 9801 WASHINGTONIAN BLYD Suite, Apt. #, etc. Suite, Apt. #, etc. 04072005 Chg-LLC CR2E083 (10/03) SUITE SUITE 200 City & State CHAITHERSBURG 4. FFI Number Applied For City & State GAITHERSBURG Not Applicable 52-2285910 Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent AGENTS AND CORPORATIONS. INC. Street Address (P.O. Box Number is Not Acceptable) SUITE E, 773 4TH AVE. NORTH NAPLES, FL 34102 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2005 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRMI MGR TITLE ☐ Delete TITLE Change Addition POLLIN, ROBERT E. POLLIN, ROBERT E NAME NAME STREET ADDRESS 15235 SHADY GROVE RD STE 301 STREET ADDRESS 9801 WASHINGTONIAN BLYD., SVITE 200 ROCKVILLE, MD 20850 CITY-ST-ZIE CITY-ST-7P GAITHERSBURG M.D. 20878 TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Defete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CtTY-ST-ZIE CITY-ST-7/P TITLE ☐ Delete TITLE □ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY - ST - ZIP Delete TITI F TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP 11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receipt or trusfee empowered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE: SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED