2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 15, 2002 8:00 am Secretary of State DOCUMENT # L00000013429 1. Entity Name 05-15-2002 90137 049 ****55.00 TITAN TESTING, LLC Principal Place of Business Mailing Address 410 SW 4TH TERRACE P.O. BOX 350465 DANIA FL 33004 FT LAUDERDALE FL 33335 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 NOT APPLICABLE Not Applicable Zip Country 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 FAIRBANKS, RICHARD B Street Address (P.O. Box Number is Not Acceptable) 410 SW 4TH TERRACE **DANIA FL 33004** City FL 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. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TITLE ☐ Delete TITLE Addition ☐ Change NAME FAIRBANKS, RICHARD B NAME STREET ADDRESS 2637 AQUA VISTA BLVD. STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33301 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition PARROT, DAVID NAME NAME STREET ADDRESS 620 SAN MARCO DRIVE STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33301 CITY-ST-ZIP TITLE TITLE ☐ Addition NAME WOOD, GUY CLIFFORD NAME STREET ADDRESS HILL GROVE FARM, RT 1 BOX 56N STREET ADDRESS CITY-ST-ZIP FORK UNION VA 23055 CITY-ST-7IP TIT! F ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS

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 shalf 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 receiver or trustee empowered to section this peport at required by Chapter 608, Florida Statutes.

CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CITY-ST-7IP