2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

May 08, 2002 8:00 am Secretary of State DOCUMENT # L0000013692 1. Entity Name 05-08-2002 90142 036 ****50.00 COGON SYSTEMS, LLC Principal Place of Business Mailing Address 3 WEST GARDEN ST., STE. 700 3 WEST GARDEN ST., STE, 700 957064 PENSACOLA FL 32501 PENSACOLA FL 32501 2. Principal Place of Business 3. Mailing Address 31 West Garden St. 31 West Garden St. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Ste. 100 Ste. 100 City & State City & State 4. FEI Number Applied For Pensacola 59-3685122 FL Pensacola Not Applicable Zip Country Zip Country \$5.00 Additional 32501 5. Certificate of Status Desired USA 32501 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Robert David **GONZALEZ. THOMAS F** Street Address (P.O. Box Number is Not Acceptable) 3 WEST GARDEN ST., STE. 700 **BLOUNT BUILDING** Ste. 100 PENSACOLA FL 32501 ₽ignsacola 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. 2/16/02 **SIGNATURE** ted name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES CEO TITLE ☐ Delete TITI F MGR Change Addition NAME NGUYEN, HUY NAME Robert Dawid STREET ADDRESS 4116 SPINAKER PLACE STREET ADDRESS 31 West Garden St. Ste. 100 CITY-ST-ZIP PENSACOLA FL 32507 CITY-ST-ZIP <u>Pensacola FL 32501</u> TITLE ☐ Delete TITLE ☐ Addition Change MGR NAME LEHMANN, DALE NAME Gerald Shanholtz STREET ADDRESS 3220 KINGSMILL DR. STREET ADDRESS 31 West Garden St. Ste. 100 CITY-ST-ZIP PACE FL 32571 CITY-ST-ZIP <u>Pensacola FL 32501</u> TITLE CEO-TITLE Delete NAME HSU. DAVID NAME STREET ADDRESS 9810 FLINTRIDGE COURT STREET ADDRESS CITY-ST-ZIP FAIRPAX VA 22032 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS City-St-Zie CITY-ST-ZIP TITI F ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

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

FILED