ORIGINALY

2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 29, 2002 8:00 am Secretary of State

05-06-2002 90194 018 ****50.00

DOCUMENT # L0100007333 -1. Entity Name DRIVEPOWER TECHNOLOGIES, L.L.C. Principal Place of Business Mailing Address 103 CENTURY 21 DRIVE. SUITE 201 103 CENTURY 21 DRIVE, SUITE 201 JACKSONVILLE FL 32216 JACKSONVILLE FL 32216 87010 2. Principal Place of Business 3. Mailing Address Sulte, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number 37/56/9 City & State City & State Applied For Not Applicable Ζip 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 MULVIHILL: PADRAIC:E Street Address (P.O. Box Number is Not Acceptable) 103 CENTURY 21 DRIVE, SUITE 201 JACKSONVILLE FL 32216 City Zin 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 9. 10. ADDITIONS/CHANGES MGRM TITLE Delete TITLE ☐ Change ☐ Addition MULVIHILL, PADRAIC E NAME NAME STREET ADDRESS 103 CENTURY 21 DRIVE, SUITE 201 CR2E083 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JACKSONVILLE FL 32216 MGRM TITLE ☐ Delete TITLE ☐ Change NAME Johnson, JAMES R. NAME STREET ADORESS STREET ADDRESS 103 Century 21 DRINE, Swite 201 CITY-ST-ZIP CITY-ST-ZIP TACKSONVILLE FL 32216 Delete TITLE Addition MGRM Change SMAK PATRICIAD NAME STREET ADDRESS 103 CENTURY 21 TACKS DAVILLE STREET ADORESS DRIVE Suite 201 CITY-ST-ZIP CITY-ST-ZIP IME ☐ Calete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Oelete TITLE ☐ Chance ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-71P CITY-ST-7IP

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(!), 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-extrustee empowered to execute this report as required by Chapter 608, Florida Statutes.