2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State
05-16-2001 90374 039 ***158.75

DOCUMENT # L40222

1. Entity Name
WPI HUSKY TECHNOLOGY, INC.

Principal Place of Business	Mailing Address
14175 ICOT BLVD STE 100 CLEARWATER FL 33760 US	14175 ICOT BLVD STE 100 CLEARWATER FL 33760 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1155 Elm Street	1155 Elm Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Manchester NH	City & State: Manchester NH
Zip: 03101 Country: USA	Zip: 03101 Country: USA

4. FEI Number 59-2984538 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LAMB, LONNY W
14175 ICOT BLVD
STE 100
CLEARWATER FL 33760

7. Name and Address of New Registered Agent

Name: CT Corporation System
Street Address (P.O. Box Number is Not Acceptable): 1200 South Pine Island Road
Plantation FL 33324
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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S ZORN, W MCLANE LAW FIRM 900 ELM ST MANCHESTER NH	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Allard, J. 1155 Elm Street Manchester NH 03101	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P LAMB, LONNY 14175 ICOT BLVD STE 100 CLEARWATER FL	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T POWERS, J 1155 ELM ST MANCHESTER NH	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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CR2E034 (10/00)

13. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ April 26, 2001 603-627-3500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #