2002 UNIFORM BUSINESS REPORT (UBR)

Sep 25, 2002 8:00 am Secretary of State DOCUMENT # L9900004151 09-25-2002 90116 026 ****55.00 GREENTECH PANELS LLC Principal Place of Business Mailing Address 4750 DAVIS RD. 4750 DAVIS RD. MIAMI FL 33143-6140 MIAMI FL 33143-6140 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 65-0932867 Applied For 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 Name · MARMISH, PAUL M 3390 KAPOT TERRACE Street Address (P.O. Box Number is Not Acceptable) MIRAMAR FL 33025 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, typed or printed 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 September 25, 2002 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES MGR TITLE Delete TITLE ☐ Change Addition MOORE, JOHN M NAME NAME STREET ADDRESS 4750 DAVIS ROAD STREET ADDRESS CITY-ST-7IP **MIAMI FL 33143** CITY-ST-ZIP MGR TITLE ☐ Delete TITLE ☐ Change ☐ Addition HOUSE, WILLIAM M NAME NAME 980 SAIGON ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MCLEAN VA 22102 CITY-ST-7JP TITLE ☐ Delete TITLE ☐ Change 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-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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:

FILED