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**FILED** 

## 2002 UNIFORM BUSINESS REPÕRT (UBR)

## May 27, 2002 8:00 am Secretary of State DOCUMENT # M01000001927 04-03-2002 90022 012 \*\*\*\*50.00 1. Entity Name AJILON LLC Mailing Address Principal Place of Business 210 W. PENNSYLVANIA AVE. 210 W. PENNSYLVANIA AVE. SUITE 650 SLITTE 650 TOWSON MD 21204 TOWSON MD 21204 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4, FEI Number 94-3357 APPLIED FOR Applied For City & State City & State Not Applicable Country \$5.00 Additional Country Zio 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324 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 ADDITIONS/CHANGES 9. MANAGING MEMBERS/MANAGERS ☐ Change ☐ Addition TITLE ☐ Delete TITLE AJILON HOLDINGS, LLC NAME STREET ADORESS STREET ADDRESS 175 BROAD HOLLOW ROAD CITY-ST-ZIP CDY-ST-7P **MELVILLE NY 11747** ☐ Delete TITLE Change ■ Addition TITLE NAME NAME SEE SCHENNE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE • Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP Change M Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition TITLE ☐ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

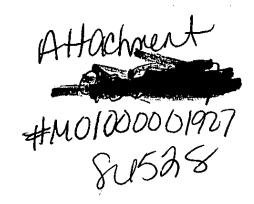
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustage empowered to execute this report as required by Chapter 608, Florida Statutes.

RE REQUIRHARVET SMAUHEIJER

## AJILON LLC

(Delaware)

MEMBER: Ajilon Holdings LLC



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