2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like empowered.

Mar 25, 2002 8:00 am Secretary of State DOCUMENT # P00000005092 1. Entity Name GARLLEY TECHNOLOGIES, INCORPORATED 03-25-2002 90014 025 ***150.00 Principal Place of Business Mailing Address 12172 DESCARTES CT., STE. 2 12172 DESCARTES CT., STE. 2 ORLANDO FL 32826 ORLANDO FL 32826 ·· 2. Principal Place of Business 3. Mailing Address 12172 Descriter CT STE2 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3617605 Orlando, Florida Not Applicable Zip Country \$8.75 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 LIANG, BRIAN Street Address (P.O. Box Number is Not Acceptable) 12172 DESCARTES CT., STE. 2 -ORLANDO FL 32826 City Zip Code 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. SIGNATURE Signature; typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax fing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE ☐ Delete TITLE Change ☐ Addition NAME SHI, DAVID TSI NAME STREET ADDRESS 12172 DESCARTES CT., STE. 2 STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32826 CITY-ST-ZIP Addition Delete TITLE TITLE ☐ Change XU, XIUHONG 12172 DESCARTES, STE. 2 NAME NAME XU, XIHONG STREET ADDRESS STREET ADDRESS 12172 DESCARTES CT., STE. 2 CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32826 Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY ST. 7IP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

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