2001 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment wi

SIGNATURE:

MATUERICA POTTIERO

Sep 14, 2001 8:00 am Secretary of State P00000024006 DOCUMENT # 1. Entity Name 09-14-2001 90013 011 ***550.00 TECHNOLOGY PROCUREMENT GROUP, INC. Principal Place of Business Mailing Address 380 COMMERCE PARKWAY 380 COMMERCE PARKWAY ROCKLEDGE FL 32955 ROCKLEDGE FL 32955 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 Applied For 2628646 Not Applicable Zip Zip Country 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 FRESE, GARY-8-Street Address (P.O. Box Number is Not Acceptable) 930 S HARBOR CITY BLVD STE 505 MELBOURNE FL 32901 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. (2/01)☐ Change ☐ Addition TITLE ☐ Delete TITLE SPELLMAN, JAMES NAME NAME 380 COMMERCE PARKWAY STREET ADDRESS STREET ADDRESS **ROCKLEDGE FL 32955** CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME 380 COMMELCE PARKWAY STREET ADDRESS STREET ADDRESS ROCKLEDGE, FL 32955 CITY-ST-7IP CITY-ST-ZIP ☐ Change Delete ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP Delete TITI F ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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 suppliemental 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 of 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

FILED