## 2001 UNIFORM BUSINESS REPORT (UBR) FILED May 23, 2001 8:00 am DOGUMENT # P000000 39436 1. Entity Name Secretary of State COGITO, INC. 05-23-2001 91167 035 \*\*\*150.00 Principal Place of Business Mailing Address SAME 720 E. NEW HAVEN AVE SUITE 2 MELBOURNE, FL 32901-5474 771166 2. Principal Place of Business 3. Mailing Address 720 E. NEW HAVEN AVE 720 E. NEW FAVEN AVE Suite, Apt. #, etc. Suite, Apr. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For MELBOURNE MELBOURNE, FL 59 - 3633856 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 32901 - 5474 32901-5474 USA USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name ARMANDO E. ROSAL Street Address (P.O. Box Number is Not Acceptable) 121 E. HIBISCUS BLVD. 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 Signeture, typed or printed name of registered agent and title if applicable DATE (NOTE: Legistered Agent signature required when minetating) FILE NOWIN FEE 19'\$150.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 200 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12 Change ☐ Addition CR2E034 (11/00 ☐ Delete TITLE TITLE RICHARD R. RICHMOND NAME NAME no whom it way 720 E. NEW HAVEN AVE #2 STREET ADDRESS STREET ADDRESS con cern, MELBOURNE, FL 32901 - 5474 CITY-ST-ZIP CITY-ST-ZE Concern, Change There are 2 forms for 2 companies. Change Cogifo, Inc. (2) captopologs.com/re. Change ☐ Change ☐ AddItion ☐ Delete MILE TTTLE NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-77P CITY-ST-ZIP ☐ Addition ☐ Detete TITLE MALE NAME STREET ADDRESS STREET ADDRESS CITY-ST-70P CITY-ST-ZIP ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE TTDE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 eath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report at 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 the first of the corporation of the 4/24/01 321) 951-0000

RICHARD R. RICHMOND

Date

Daytime Phone #

TORING OFFICER OF DIRECTOR

SIGNATURE: