200† UNIFORM BUSINESS REPORT (UBR)

May 01, 2001 8:00 am Secretary of State DOCUMENT # P0000046654 1. Entity Name ARKAY COMPANY 05-01-2001 90017 011 ***150.00 Principal Place of Business Mailing Address 20804 MAXIM PARKWAY 20804 MAXIM PARKWAY ORLANDO FL 32833 ORLANDO FL 32833 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 59-3648897 Not Applicable 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 TIWARI, SANDRA J Street Address (P.O. Box Number is Not Acceptable) 20804 MAXIM PARKWAY ORLANDO FL 32833 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) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 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 OFFICERS AND DIRECTORS 12. 11. PRESIDENT ☐ Change ☐ Addition ☐ Delete TITLE TITLE TIWARI, SANDRA J NAME 20804 MAXIM PARKWAY STREET ADORESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ORLANDO FL 32833 ☐ Addition VICE-PRESIDENT ☐ Change ☐ Delete TITLE TIWARI, VIJAI K NAME NAME STREET ADDRESS 20804 MAXIM PARKWAY STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL 32833 ☐ Change Addition ☐ Delete TITLE TITLE NAME. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ■ Addition Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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

CITY-ST-ZIP

SIGNATURE:

Viga K. Tiwari Vice-PRESIDENT 4/20/0

(407)568-1734

Daytime Pho