FILED
Apr 07, 2003 8:00 am
Secretary of State
04-07-2003 90137 020 ***150.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000059448

1. Entity Name: IRIDIA TECHNOLOGIES, INC

90073280

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
540 N STATE RD 434	540 N STATE RD 434
Suite, Apt #, etc.: SUITE 12	Suite, Apt #, etc.: SUITE 12
City & State: ALTAMONTE SPRINGS, FL	City & State: ALTAMONTE SPRINGS, FL
Zip: 32714 Country:	Zip: 32714 Country:

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3666472 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name: CHUTINAN NISHA

Street Address (P.O. Box Number is Not Acceptable): 10121 STANTON COURT

City: ORLANDO FL Zip Code: 32836

DO NOT WRITE IN THIS SPACE

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 ______ DATE

9. This corporation is eligible to satisfy its intangible tax filing requirement and elects to do so. (See option on back) ☒

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	D	TITLE	
NAME	VASISHTA, RAJUNDAR K	NAME	
STREET ADDRESS	10121 STANTON COURT	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32836	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	VASISHTA DEEP	NAME	
STREET ADDRESS	10121 STANTON COURT	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32836	CITY-ST-ZIP	
TITLE	D	TITLE	
NAME	CHUTINAN, PETER	NAME	
STREET ADDRESS	10121 STANTON COURT	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32836	CITY-ST-ZIP	
TITLE		TITLE	
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CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E034B (12/01)

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

SIGNATURE: [signature] VP — 04/03/04 — 407-389-1034

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #