

**FILED**  
**Feb 14, 2002 8:00 am**  
**Secretary of State**

02-14-2002 90029 037 \*\*\*150.00

<b>DOCUMENT # P01000049650</b>																																																													
1. Entity Name <b>WST-TECHNOLOGIES, INC.</b>																																																													
<div style="display: flex; justify-content: space-between;"><div>Principal Place of Business <b>2673 CASCADE CT CLEARWATER FL 33761</b></div><div>Mailing Address <b>2673 CASCADE CT CLEARWATER FL 33761</b></div></div>																																																													
<div style="display: flex;"><div style="flex: 1;">2. Principal Place of Business</div><div style="flex: 1;">3. Mailing Address</div></div>																																																													
<div style="display: flex;"><div style="flex: 1;">Suite, Apt. #, etc.</div><div style="flex: 1;">Suite, Apt. #, etc.</div></div>																																																													
<div style="display: flex;"><div style="flex: 1;">City &amp; State</div><div style="flex: 1;">City &amp; State</div></div>																																																													
<div style="display: flex;"><div style="flex: 1;">Zip</div><div style="flex: 1;">Country</div><div style="flex: 1;">Zip</div><div style="flex: 1;">Country</div></div>																																																													
6. Name and Address of Current Registered Agent																																																													
<div style="display: flex;"><div style="flex: 2;"><del>SPIEGEL &amp; UTRERA, P.A.</del> <del>343 ALMERIA AVENUE</del> <del>CORAL GABLES FL 33134</del></div><div style="flex: 1; padding-left: 10px;">Name <b>WST</b> Street Address <b>2673</b> City <b>Clearwater</b></div></div>																																																													
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent.																																																													
<div style="display: flex;"><div style="flex: 1;">SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable.</small></div><div style="flex: 1; text-align: right;"><small>(NOTE: Registered Agent signature required)</small></div></div>																																																													
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>																																																													
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2002 Fee will be \$550.00</b> <b>Make Check Payable to Department of State</b>																																																													
<b>* 11. OFFICERS AND DIRECTORS</b>																																																													
<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 15%;">TITLE</td><td style="width: 60%;">PSTD</td><td style="width: 25%; text-align: right;"><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td>STRANGE, WERNER</td><td></td></tr><tr><td>STREET ADDRESS</td><td>2673 CASCADE CT</td><td></td></tr><tr><td>CITY - ST - ZIP</td><td>CLEARWATER FL 33761</td><td></td></tr><tr><td>TITLE</td><td></td><td style="text-align: right;"><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY - ST - ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td></td><td style="text-align: right;"><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY - ST - ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td></td><td style="text-align: right;"><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY - ST - ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td></td><td style="text-align: right;"><input type="checkbox"/> Delete</td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY - ST - ZIP</td><td></td><td></td></tr></table>		TITLE	PSTD	<input type="checkbox"/> Delete	NAME	STRANGE, WERNER		STREET ADDRESS	2673 CASCADE CT		CITY - ST - ZIP	CLEARWATER FL 33761		TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		<input type="checkbox"/> Delete	NAME			STREET ADDRESS			CITY - ST - ZIP		
TITLE	PSTD	<input type="checkbox"/> Delete																																																											
NAME	STRANGE, WERNER																																																												
STREET ADDRESS	2673 CASCADE CT																																																												
CITY - ST - ZIP	CLEARWATER FL 33761																																																												
TITLE		<input type="checkbox"/> Delete																																																											
NAME																																																													
STREET ADDRESS																																																													
CITY - ST - ZIP																																																													
TITLE		<input type="checkbox"/> Delete																																																											
NAME																																																													
STREET ADDRESS																																																													
CITY - ST - ZIP																																																													
TITLE		<input type="checkbox"/> Delete																																																											
NAME																																																													
STREET ADDRESS																																																													
CITY - ST - ZIP																																																													
TITLE		<input type="checkbox"/> Delete																																																											
NAME																																																													
STREET ADDRESS																																																													
CITY - ST - ZIP																																																													
<b>* 12.</b>																																																													
<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 15%;">TITLE</td><td style="width: 60%;"></td><td style="width: 25%;"></td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY - ST - ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td></td><td></td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY - ST - ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td></td><td></td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY - ST - ZIP</td><td></td><td></td></tr><tr><td>TITLE</td><td></td><td></td></tr><tr><td>NAME</td><td></td><td></td></tr><tr><td>STREET ADDRESS</td><td></td><td></td></tr><tr><td>CITY - ST - ZIP</td><td></td><td></td></tr></table>		TITLE			NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE			NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE			NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE			NAME			STREET ADDRESS			CITY - ST - ZIP														
TITLE																																																													
NAME																																																													
STREET ADDRESS																																																													
CITY - ST - ZIP																																																													
TITLE																																																													
NAME																																																													
STREET ADDRESS																																																													
CITY - ST - ZIP																																																													
TITLE																																																													
NAME																																																													
STREET ADDRESS																																																													
CITY - ST - ZIP																																																													
TITLE																																																													
NAME																																																													
STREET ADDRESS																																																													
CITY - ST - ZIP																																																													
13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 607 of the Florida Statutes, and that the information is true and accurate and that my signature shall have the effect of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607 of the Florida Statutes, changed, or on an attachment with an address, with all other like empowered.																																																													
<div style="display: flex;"><div style="flex: 1;">SIGNATURE: </div><div style="flex: 1; text-align: center;"><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small></div></div>																																																													