2002 UNIFORM BUSINESS REPORT (UBR)

May 28, 2002 8:00 am & Secretary of State DOCUMENT # P01000112535 1. Entity Name 05-28-2002 91508 012 ***150.00 PRIMATE TECHNOLOGIES, INC. Principal Place of Business Mailing Address 3629 BLUEFIELD AVENUE 4100 N WICKHAM ROAD MELBOURNE FL 32934 #184 MELBOURNE FL 32934 2. Principal Place of Business 3. Mailing Address #184 4100 N WICKBAM RD Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE SUITE 102 City & State City & State 4. FEI Number Applied For FL MELBOURNE = 59-.3758388 Not Applicable 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 Name PATTERSON, MITCHELL L Street Address (P.O. Box Number is Not Acceptable) 3629 BLUEFIELD AVENUE **MELBOURNE FL 32934** City 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition NAME PATTERSON, MITCHELL L NAME STREET ADDRESS 3629 BLUEFIELD AVENUE STREET ADDRESS CITY-ST-ZIP MELBOURNE FL 32934 CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Addition NAME PATTERSON, RITA D NAME STREET ADDRESS STREET ADDRESS 3629 BLUEFIELD AVENUE CITY-ST-ZIP :-MELBOURNE FL 32934 CITY-ST-7IP ~ ♥** TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAMÉ STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE Change ☐ Addition 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 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.

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