2003 FOR PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR**

Apr 21, 2003 8:00 am Secretary of State P02000129537 DOCUMENT # 04-21-2003 91156 001 *****8.75 1. Entity Name 04-21-2003 91156 002 ***150.00 THERMODYNAMIC ACCELERATOR CORPORATION Principal Place of Business Mailing Address 1435 EAST PARK ROAD 1435 EAST PARK ROAD PANAMA CITY FL 32404-9015 PANAMA CITY FL 32404-9015 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For City & State City & State 4. FEI Number Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent CHRISTENSEN, VERNER N Street Address (P.O. Box Number is Not Acceptable) 1435 EAST PARK ROAD PANAMA CITY FL 32404-9015 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. 1 am familiar with, and accept the obligations of registered agent. SIGNATURE DATE Signature ityped or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. CHRIRMAN Change ☐ Addition TITLE TITLE VERNER N. CHRISTENSEN NAME NAME 1435 EAST PARK ROAD STREET ADDRESS. STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ANAMA CITY, FI 32404.901 Resident Change Addition TITLE TITLE Thomas W. Kaufman NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PANZMA CITY FI 32404.9015 Addition TITLE ☐ Change TITLE TREASURER ☐ Delete EVETYNNE K. DAVIS NAME NAME 1435 GAST PARK Road STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP PANZME CITY F/ 32404.9015 ☐ Addition TITLE Change TITLE WOLN P. CHRISTENSEN NAME NAME STREET ADDRESS STREET ADDRESS 1435 Edst Park Rold CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE TITI F Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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 10 or Block 11 changed, or on an attachment with an addre APRIL 18- 2003 874-2796 **SIGNATURE**

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12. 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

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FILED