2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

Apr 30, 2004 8:00 am Secretary of State DOCUMENT # P03000063981 1. Entity Name 04-30-2004 90271 033 ***150.00 LGL TECHNOLOGIES, INC. Principal Place of Business Mailing Address 3300 NE 58 TERRACE 3300 NE 58 TERRACE J40/0J00 HIGH SPRINGS FL 32643 HIGH SPRINGS FL 32643 2. Principal Place of Business * 3. Mailing Address Suite..Apt.#, etc: 7 -Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State Applied For City & State 1062029 Not Applicable Zip Country Zip 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 FLORIDA INCORPORATORS INC. Street Address (P.O. Box Number is Not Acceptable) 8875 HIDDEN RIVER PKWY STE 300 TAMPA FL 33637-2087 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when roinslating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. D٠ ☐ Delete TITLE Addition MALLOY, RAYMOND NAME 3300 NE 58 TERRACE STREET ADDRESS STREET ADDRESS HIGH SPRINGS FL 32643 CITY-ST-7IP CITY-ST-ZIP Delete TITLE TITLE Addition RUHL, ROBERT NAME NAME 18030 Parnesulle Rd. Barnesulle MD STREET ADDRESS 18749 HIDDEN RIVER PKWY STE 300 STREET ADDRESS GAITHERSBURG MD 20879-3165 CITY-ST-ZIP CITY-ST-7IF ☐ Defete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CJTY-ST-ZIE [] Change TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CATY - ST - ZIE ☐ Change ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-7IP Change TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 10 or Block 11 if changed, or on an attachment with an officer symbol of the corporation of the receiver of trustee empowered.

FILED