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2002 UNIFORM BUSINESS REPORT (UBR) FILED P07496 DOCUMENT # 1. Entity Name 02 Nov 1 PM 12: 02 TEMPLISTEER INC. TEMPUSTECH, INC. SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 295 AIRPORT ROAD 295 AIRPORT ROAD NAPLES FL 34104 NAPLES FL 34104 Mailing Address Principal Place of Business 8825 EAST TAMIAMITRAL **E**P 44 PROGRESS Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For 4. FEI Number 68-0024278 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 DE LANGE, LUIT Street Address (P.O. Box Number is Not Acceptable) 8825 EAST TAMIAMI TRAIL NAPLES FL 34113 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, typed or printed name of registered agent and title if applicable DATE (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 13, 2002 Fee will be \$750.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITI F DE LANGE, LUIT NAME NAME 8825 EAST TAMIAMI TRAIL STREET ADDRESS STREET ADDRESS ****558.75 ****558.75 NAPLES FL 34113 CITY-ST-ZIP CITY-ST-ZIP VPD ☐ Delete TITLE Change ☐ Addition VAN DER LELY, OLAF NAME NAME **BUTZENWEG 20** STREET ADDRESS STREET ADDRESS ZUG, SWITZERLAND_ CITY-ST-ZIP. CITY-ST-7IP TITLE ☐ Delete TITLE Change Addition VAN TEEFFELEN, ROBERT NAME 8825 E. TAMIAMI TRAIL STREET ADDRESS STREET ADDRESS NAPLES:FL 34113 CITY - ST-ZIP CITY-ST-ZIP Delete Change ☐ Addition NAME NAME

CITY-ST-ZIP CITY-ST-ZIP 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 truetee 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 attach field that have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or truetee empowered.

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