## 2002 UNIFORM BUSINESS REPORT (UBR)

## Mar 24, 2002 8:00 am **Secretary of State** DOCUMENT # P15520 1. Entity Name 03-24-2002 90043 035 \*\*\*150.00 CARLETON TECHNOLOGIES, INC. Principal Place of Business Mailing Address 3018 US HWY 301 E 10 COBHAM DRIVE **TAMPA FL 33619** ORCHARD PARK NY 14127 3. Mailing Address Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc DO NOT WRITE IN THIS SPACE abel Industria City & State Applied For City & State 4. FEI Number 16-1303637 Not Applicable $\alpha m \alpha \alpha$ 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 Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD PLANTATION FL 33324 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS **Delete** Addition TITLE zian cook NAME PAGE, GORDON NAME Cobnam PLC, Brook Road / Winborne, Dorset COBHAM PLC, BROOK ROAD/WIMBORNE, DORSET STREET ADDRESS STREET ADDRESS BH al abs CITY-ST-ZIP ENGLAND BH21 2BJ CITY-ST-ZIP England TITLE ☐ Detete TITLE ☐ Change ☐ Addition **CPD** NAME CAWDERY, PADRAIG H NAME STREET ADDRESS STREET ADDRESS 10 COBHAM DRIVE CITY-ST-ZIP CITY-ST-ZIP **ORCHARD PARK NY 14127** TIT1 F . Delete TITLE ☐ Change- - ☐ Addition SD NAME ARMENAT, F E NAME STREET ADDRESS 10 COBHAM DR STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ORCHARD PARK NY 14127 TITLE ☐ Delete TITLE ☐ Addition NAME MCCANN, EDWARD NAME STREET ADDRESS STREET ADDRESS 293 BOSTON POST ROAD CITY-ST-ZIP WESTON MA 02493 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME YARBOROUGH, WILLIAM G NAME STREET ADORESS 8000 TOWERS CRESENT DR. STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP VIENNA VA 22182 TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 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, after an address, with all schedules.

SIGNATURE:

(716) 662-0006

FILED

Date