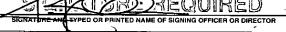
## **FILED** May 06, 2002 8:00 am Secretary of State 2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P15563 1. Entity Name 05-06-2002 90244 037 \*\*\*150.00 MDC VACUUM PRODUCTS CORPORATION Principal Place of Business Mailing Address 23842 CABOT BLVD. 23842 CABOT BLVD. B0088314 HAYWARD CA 94545 HAYWARD CA 94545 2. Principal Place of Business 3. Mailing Address 13842 CABOT BLVD Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For HAYWARD, CA 94-1624336 Not Applicable 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. -NEWBERRY, DEE Street Address (P.O. Box Number is Not Acceptable) 6460 PARKLAND DR SARASOTA FL 34243 Zip Code City 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) 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 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. (9/01)TITLE ☐ Delete TITLE Change ☐ Addition NAME DEL CASTELLO, MICHAEL NAME **CR2E034** STREET ADDRESS 23842 CABOT BLVD. STREET ADDRESS HAYWARD CA CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change □ Addition VD NAME NAME CONTIN, JOSE STREET ADDRESS STREET ADDRESS 23842 CABOT BLVD. CITY-ST-ZIP CITY-ST-ZIP HAYWARD CA X Delete TITLE · Change - 🔄 · Addition CULLEN, KEVIN NAME CHASE, CHARLES E. NAME 23842 CABOT BLVD STREET ADDRESS STREET ADDRESS 101 LINCOLN CENTRE DRIVE CITY-ST-ZIP CITY-ST-ZIP **FOSTER CITY CA** HAYWARD, CA TITI F ☐ Delete TITLE ☐ Addition NAME **BROWNELL, JOE** NAME STREET ADDRESS 23842 CABOT BLVD STREET ADDRESS CITY-ST-ZIP **HAYWARD CA** CITY-ST-ZIP TITLE Delete TITLE □ Change Addition SMOLKA, JOEL NAME NAME STREET ADDRESS 23842 CABOT BLVD STREET ADDRESS CITY-ST-7IP HAYWARD CA CITY-ST-ZIP TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

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 with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP



19 2002
Date Daytime Phone #