FILED Jul 24, 2001 8:00 am

2001 UNIFOR	M BUSINESS	REPORT	(UBR)

DOCUMENT # P19132 **Secretary of State** 07-24-2001 90009 019 ***550.00 ARM INTERNATIONAL CORP. Principal Place of Business Mailing Address 99 WOOD SVE S. 99 WOOD SVE S. 10TH FL 10TH FL ISELIN NJ 08830 ISELIN NJ 08830 US 2. Principal Place of Business 3. Mailing Address 30 DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 34-1581635 Not Applicable \$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 Name CT-CORPORATION SYSTEM-Street Address (P.O. Box Number is Not Acceptable) 1200 S. PINE ISLAND ROAD **PLANTATION FL 33324** 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 DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 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 September 12, 2001 Fee will be \$750.00 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 OFFICERS AND DIRECTORS 12. 11. ☐ Addition Change TITLE DC ☐ Delete TITLE HUTCHIN, JIM NAME NAME 99 WOOD AVE S. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ISELIN NJ 08830 CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TITLE GERMAN, GARY NAME STREET ADDRESS 99 WOOD AVE S. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ISELIN NJ 08830 ☐ Addition ☐ Delete TITLE Change TITLE JADELIS, T NAME STREET ADDRESS 99 WOOD AVE S. STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP **ISELIN NJ 08830** ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME BARNHOUSE, DORIS NAME STREET ADDRESS STREET ADDRESS 6480 ROCKSIDE WOODS CITY-ST-ZIP CITY-ST-ZIP CLEVELAND OH ☐ Delete TITI F ☐ Change ☐ Addition TITLE NAME NAME SHAWVER, EMORY STREET ADDRESS STREET ADDRESS 99 WOOD AVE SR. CITY-ST-ZIP CITY-ST-ZIP ISELIN NJ 08830 Addition Change TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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