CR2E034 (9/01

2002 UNIFORM BUSINESS REPORT (UBR)

FILED Jul 08, 2002 8:00 am Secretary of State DOCUMENT # P25670 1. Entity Name 07-08-2002 90236 015 ***550 00 TRAC SYSTEMS CORPORATION OF CALIFORNIA Principal Place of Business Mailing Address 1328 WYANT WAY P O BOX 1278 SACRAMENTO CA 95864 LAKE OJWEGO OK 97035 B0127436 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 94-2759948 Not Applicable Zip 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 THE PRENTICE-HALL CORPORATION SYSTEM INC. Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301 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) 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 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE ☐ Delete ☐ Change ☐ Addition ROBERTS, DANIEL D NAME NAME 1328 WYANT WAY STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SACRAMENTO CA CITY-ST-ZIP ☐ Delete TITLE ☐ Addition Change NAME ROBERTS, DANIEL L. NAME STREET ADDRESS STREET ADDRESS 1332 WYANT WAY 1328 Wyant Way CITY-ST-ZIP SACRAMENTO CA CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME HUNSTOCK, JOHN H NAME STREET ADDRESS 1394 GETTYSBURG RD STREET ADDRESS CITY-ST-ZIP LONG GROVE IL CITY-ST-7IP TITLE ☐ Delete TITLE Change __ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME

13. Thereby 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-7/P

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP