2000 UNIFORM BUSINESS REPORT (UBR) Apr 10, 2000 8:00 am Secretary of State **DOCUMENT # P37769** 1. Entity Name SOURCE TECHNOLOGIES, INC. 04-10-2000 90015 049 ***150.00 Principal Place of Business Mailing Address -- GRIFFITH RD 628 GRIFFITH RD **CHARLOTTE NC 28217-3588** ₩###### NC 28217 NUUUUNUN 2. Principal Place of Business 3. Mailing Address 2910 WHITEHALL PARK 2910 WHITEHALL DRIVE DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State 56-1497596 CHARLOTTE HARLOTTE Not Applicable \$8.75 Additional Certificate of Status Desired Fee Required MECLIENBURG 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LANINGHAM, PA J G Street Address (P.O. Box Number is Not Acceptable) C/O STEEL HECTOR & DAVIS STE 601 215 SOUTH MONROE TALLAHASSEE FL 32301 Zip Code City 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, 2000 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 OFFICERS AND DIRECTORS 12. 11. ☐ Delete Change TITLE BUSBY, MILES NAME 2410 WHITEHALL PARK DRIVE STREET ADDRESS STREET ADDRESS 628 GRIFFITH RD CITY-ST-ZIP CITY-ST-ZIP CHARLOTTE NC Defete Change -TITLE VD. TITLE NAME Spencer, John NAME 2910 WHITEHALL PARK DRIVE STREET ADDRESS STREET ADDRESS 628 GRIFFITH RD CITY-ST-ZIP_ CITY-ST-ZIP CHARLOTTE NC ☐ Addition VTSD ☐ Delete TITLE FRIEDRICH, GORDON W NAME 2910 WHITEHALL PARK DRIVE STREET ADDRESS STREET ADDRESS 628 GRIFFITH RD CITY-ST-ZIP CITY-ST-ZIP CHARLOTTE NC ☐ Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS 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 received 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

IGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachma

SIGNATURE: