2002 UNIFORM BUSINESS REPORT (UBR)

Feb 17, 2002 8:00 am Secretary of State DOCUMENT # 1. Entity Name SOURCE TECHNOLOGIES, INC. 02-17-2002 90018 036 ***150.00 PARSON, MALES Mailing Address Principal Place of Business 2910 WHITEHALL PARK DRIVE 2910 WHITEHALL PARK DRIVE 80025765 **CHARLOTTE NC 28273 CHARLOTTE NC 28273** 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For 4. FEI Number City & State City & State 56-1497596 Not Applicable \$8.75 Additional Żip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current 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, 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 Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. Addition 2 TITLE Change TITLE ☐ Delete NAME NAME BUSBY, MILES 2910 WHITEHALL PARK DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CHARLOTTE NC ☐ Addition ☐ Channe ☐ Delete TITLE TITLE NAME NAME SPENCER, JOHN STREET ADDRESS STREET ADDRESS 2910 WHITEHALL PARK DRIVE CITY-ST-ZIP CITY-ST-ZIP CHARLOTTE NO Change ☐ Addition □ Delete TITLE VTSD: NAME NAME FRIEDRICH, GORDON W STREET ADDRESS STREET ADDRESS 2910 WHITEHALL PARK DRIVE CITY-ST-ZIP CITY-ST-ZIP CHARLOTTE NC ☐ Change Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE NAME 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 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

h all other like

an address, w

changed, or on an attachment y

SIGNATURE:

FILED

704-969-7500