2000 UNIFORM BUSINESS REPORT (UBR) **FILED** Aug 02, 2000 8:00 am Secretary of State **DOCUMENT # P37968** 1. Entity Name OPEN SYSTEM TECHNOLOGIES, INC. 08-02-2000 90151 044 \*\*\*550.00 Principal Place of Business Mailing Address 441 S STATE RD 7 1661 E CAMELBACK RD STE 245 POMPANO BEACH FL 33068 PHOENIX AZ 85016 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Applied For City & State 4. FEI Number 38-2987406 Not Applicable Zip Country 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 C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S PINE ISLAND ROAD PLANTATION FL 33324 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) DATE FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After SEPTEMBER 13, 2000 Min. will be \$750.00 Tax filing requirement and elects to do so. 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 CID Philoarter ☐ Change Addition **PS** Delete TITLE TITLE NAME NAME OLSON, DAVE 50 Freemont Rd. STREET ADDRESS STREET ADDRESS 12829 E JENAN DR Edwards, CO 81632 CITY-ST-7IP CITY-ST-7IP PHOENIX AZ 85259 Delete ☐ Change Addition TITLE Robert Peterson JORILLO, JOHN 16142 N. 111th Way STREET ADDRESS STREET ADDRESS 4512 E PASO TRAIL Scottsdake AZ. CITY-ST-ZIP CITY-ST-ZIP PHOENIX AZ 85050 Delete Addition TITLE TITLE Change NAME LEADBEARER, JACK NAME STREET ADDRESS STREET ADDRESS 12221 E LAUREZ LANÉ CITY-ST-ZIP CITY-ST-ZIP SCOTTSDALE AZ 85251 Delete Addition TITLE TITLE Change NAME NAME ANDERSON, OHMER J STREET ADDRESS STREET ADDRESS 612 ELM LANE CITY-ST-ZIP CITY-ST-ZIP HARBOR SPRINGS MI ☐ Change ☐ Addition ☐ Delete TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR