FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAR -3 AM 9:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P40564 (7)

1. Corporation Name

UNIROYAL TECHNOLOGY CORPORATION

Principal Place of Business	Mailing Address
2 N TAMIAMI TR 800 SARASOTA FL 34236 US	2 N TAMIAMI TRAIL 800 SARASOTA FL 34236 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/21/1992
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business (21):
2a. Mailing Address (26):

Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):

City & State (23):
City & State (28):

Zip (24): Country (25):
Zip (29): Country (30):

4. FEI Number: 65-0341868 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	1.1 TITLE		☐ Change ☐ Addition
NAME	SORAN, ROBERT L	1.2 NAME		
STREET ADDRESS	2 N TAMIAMI TR #900	1.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP		
TITLE	SV	2.1 TITLE		☐ Change ☐ Addition
NAME	JANNEY, OLIVER J	2.2 NAME		
STREET ADDRESS	2 N TAMIAMI TR #900	2.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	2.4 CITY-ST-ZIP		
TITLE	TV	3.1 TITLE		☐ Change ☐ Addition
NAME	ZULANAS, GEORGE J JR.	3.2 NAME		
STREET ADDRESS	2 N TAMIAMI TR #900	3.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	3.4 CITY-ST-ZIP		
TITLE	CD	4.1 TITLE		☐ Change ☐ Addition
NAME	CURD, HOWARD R.	4.2 NAME		
STREET ADDRESS	2 N. TAMIAMI TRAIL, #900	4.3 STREET ADDRESS		
CITY-ST-ZIP	SARASOTA FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	BYNOE, PETER C. B.	5.2 NAME		
STREET ADDRESS	333 WEST 35TH STREET	5.3 STREET ADDRESS		
CITY-ST-ZIP	CHICAGO IL	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE	D	☒ Change ☐ Addition
NAME	DECAMP, LANE	6.2 NAME	PORTER, JOHN A.	
STREET ADDRESS	61 CAMPO ROAD NORTH	6.3 STREET ADDRESS	2 N TAMIAMI TR #900	
CITY-ST-ZIP	WESTPORT CT	6.4 CITY-ST-ZIP	SARASOTA, FL 34236	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: George J. Zulanas Jr 2/27/95 813 366-5282
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0342000 CP