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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 22 AM 10:05

DOCUMENT # P92000003607 (8)

1. Corporation Name
ECHELON DESIGN, INC.

Principal Place of Business	Mailing Address
~~4521 PGA BLVD.~~ ~~SUITE 143~~ ~~PALM BEACH GRDENS FL 33418~~	~~4521 PGA BLVD.~~ ~~SUITE 143~~ ~~PALM BEACH GRDENS FL 33418~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/12/1992
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 336 CENTER ST	26 336 CENTER ST
Suite, Apt. #, etc. 22 #A-6A	Suite, Apt. #, etc. 27 #A-6A
City & State 23 JUPITER FL	City & State 28 JUPITER, FL
Zip / Country 24 33458 / 25 USA	Zip / Country 29 33455 / 30 USA

4. FEI Number: 65-0369679 — 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	10. Name and Address of New Registered Agent
RUST, SUSAN ~~4521 PGA BLVD. SUITE 143~~ ~~PALM BEACH GARDENS FL 33418~~	81 Name 82 Street Address (P.O. Box Number is Not Acceptable): 8336 QUAIL MEADOW WAY 83 84 City: WEST PALM BEACH FL 85 Zip Code: 33412

11. Pursuant to the provisions of Sections 607.0501 and/or 617.1501, 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: X Susan Rust — DATE: 2/10/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☒ Change ☐ Addition
NAME	RUST, SUSAN	12 NAME	
STREET ADDRESS	~~4521 PGA BLVD. SUITE 143~~	13 STREET ADDRESS	8336 QUAIL MEADOW WAY
CITY ST ZIP	~~PALM BEACH GARDENS FL 33418~~	14 CITY ST ZIP	WEST PALM BEACH, FL 33412
TITLE	D	21 TITLE	☒ Change ☐ Addition
NAME	FLANAGAN, STACEY	22 NAME	
STREET ADDRESS	~~240 SUSEX CIRCLE~~	23 STREET ADDRESS	4748 SE LONGLEAF PLACE
CITY ST ZIP	~~JUPITER FL 33477~~	24 CITY ST ZIP	HOBE SOUND, FL 33455
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. To the best of my knowledge, the information required to be included in this report is true and correct. I am aware that any false information submitted in a document to the Department of State for the purpose of obtaining or maintaining registration as a corporation is a violation of section 817.155, Florida Statutes. I further certify that the information indicated on this report or supplemental annual report is true and correct and that my signature shall have the same legal effect as if made under oath; that I am a director or officer 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 with an address.

SIGNATURE: X Susan Rust — SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OR CHIEF OFFICER OR DIRECTOR — X 2/10/95 — 407/745-0454

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