DOCUMENT # P93000039013

1. Entity Name

INTERNATIONAL LABORATORY TECHNOLOGY CORP.

FILED
Jan 09, 2001 8:00 am
Secretary of State

01-09-2001 90019 021 ***150.00

Principal Place of Business	Mailing Address
4600 SHERIDAN ST #203 HOLLYWOOD FL 33021 US	4600 SHERIDAN ST #203 HOLLYWOOD FL 33021 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0413741 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DAVID E MOLL 3900 HYDE PARK CIRCLE HOLLYWOOD FL 33021	Name Street Address (P.O. Box Number is Not Acceptable) City — FL — 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 _____ DATE

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

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After MAY 1, 2001 Fee will be $550.00
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PCEO ☐ Delete	TITLE	P/COO ☒ Change ☐ Addition
NAME	DAVID E MOLL	NAME	
STREET ADDRESS	3900 HYDE PARK CIRCLE	STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33021	CITY-ST-ZIP	
TITLE	CH ☐ Delete	TITLE	Vice-Chairman ☒ Change ☐ Addition
NAME	PAUL A MARCHLAND	NAME	Paul A. Marchand
STREET ADDRESS	1171 71 ST	STREET ADDRESS	
CITY-ST-ZIP	MIAMI BCH FL 33141	CITY-ST-ZIP	
TITLE	S/T ☐ Delete	TITLE	CHAIRMAN/CEO ☒ Change ☐ Addition
NAME	JEFFREY B RABIN	NAME	
STREET ADDRESS	8980 SW 117TH ST	STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33176	CITY-ST-ZIP	
TITLE	VP ☐ Delete	TITLE	☒ Change ☐ Addition
NAME	VICTOR J STAATS	NAME	
STREET ADDRESS	5740 ADAIR WAY	STREET ADDRESS	6041 SERENE RUN
CITY-ST-ZIP	LAKE WORTH FL 33467	CITY-ST-ZIP	LAKE WORTH, FL 33467
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: David E. Moll — David E. Moll — 1/4/01 — 954-893-1118

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/00)