FILED

2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 11, 2002 8:00 am Secretary of State DOCUMENT # P93000072338 1. Entity Name 02-11-2002 90045 050 ***150.00 AVIOR TECHNOLOGIES OPERATIONS, INC. Principal Place of Business Mailing Address 500 TOWNPARK LANE, STE, 145 .500 TOWNPARK LANE, STE. 145 KENNESAW. GA 30144 - -KENNESAW, GA. 30144 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0443042 Not Applicable Zip 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 O'shea Roderick O'SHEA: RODERICK Street Address (P.O. Box Number is Not Acceptable) 848 Brickell Key Drive 808 BRICKELL KEY DRIVE, #601 **MIAMI FL 33131** Zip 23131 Miami 8. The above gamed entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE (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 After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 11. OFFICERS AND DIRECTORS 12. CR2E034 (9/01) TITLE TITLE ☐ Change ☐ Addition ☐ Delete NAME BEALE, SCOTT A NAME STREET ADDRESS STREET ADDRESS 500 TOWNPARK LANE, STE. 145 CITY-ST-ZIP CITY-ST-7IP KENNESAW GA 30144 Change ☐ Addition TITLE Delete TITLE NAME NAME o'snea, Roderick O'SHEA: RODERICK ---848 Brickell Key Drive, Ste 2201 STREET ADDRESS STREET ADDRESS 808 BRICKELL KEY DR. STE. #601 CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33131 Miami FL 33131 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-7iP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CiTY-ST-7IP 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.