FILED May 22, 2002 8:00 am secretary of State 2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P94000008806 1. Entity Name 05-22-2002 90198 047 ***150.00 SYMMETRIC TECHNOLOGY, INC. Principal Place of Business Mailing Address 2220 NW 102ND WAY 2220 NW 102ND WAY R0109453 PEMBROKE PINES FL 33026 PEMBROKE PINES FL 33026 2. Principal Place of Business 3. Mailing Address 6485 NW 16483 DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Pines 65-0476083 embrote Pembroke Pines Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired П Broward Broware Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SHEA:-ERIC --treet Address (P.O. Box Number is Not Acceptable) 2220 NW 102ND WAY PEMBROKE PINES FL 33026 Zip Code 3≩01& 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 ared agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete CR2E034 (9/01) Change ☐ Addition SHEA, ERIC NAME Éric Shea NAME 2220 NW 102ND WAY STREET ADDRESS 16485 NW 13 5treet STREET ADDRESS PEMBROKE PINES FL 33026 CITY-ST-ZIP CITY-ST-ZIP Pembroke Pines TITLE ☐ Delete ☐ Addition NAME TENG. YAYIN NAME STREET ADDRESS 2220 N. W. 102ND WAY STREET ADDRESS CITY-ST-7IP PEMBROKE PINES FL CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS City-ST-ZIE CITY-ST-7IP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR