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2002 UNIFORM BUSINESS REPORT (UBR)

Jan 16, 2002 8:00 am **Secretary of State** P94000021428 DOCUMENT # 1. Entity Name 01-16-2002 90065 050 ***150.00 ENVIRONMENTAL ALLOYS, INC. Principal Place of Business Mailing Address ATTN: JEFFREY KUNKEL ATTN: JEFFREY KUNKEL 2121 BLOUNT ROAD 2121 BLOUNT ROAD POMPANO BEACH FL 33069 POMPANO BEACH FL 33069 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 65-0475043 Not Applicable Zip Country Zip 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 Name KUNKEL, JEFFREY Street Address (P.O. Box Number is Not Acceptable) 2121 BLOUNT ROAD POMPANO BEACH FL 33069 Zip Code City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (9/01) ☐ Addition TITLE ☐ Delete TITLE GROSSMAN, DANIEL V NAME 112 WESTERN DR STREET ADDRESS STREET ADDRESS SHORT HILLS NJ 07078 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition NAME KUNKEL, JEFFREY NAME STREET ADDRESS 2121 BLOUNT ROAD STREET ADDRESS POMPANO:BEACH-FL:33069 CITY-ST-ZIP -CITY-ST-ZIP 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-7IP CITY-ST-ZIP Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP I hereby certify that the information supplied with this filling 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: