2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED May 01, 2002 8:00 am Secretary of State DOCUMENT # P94000022892 1. Entity Name SUSSEX SEMICONDUCTOR OF FLORIDA, INC. 05-01-2002 91581 013 ***150.00 Principal Place of Business Mailing Address 12251 TOWNE LAKE DRIVE 12251 TOWNE LAKE DRIVE Dunatana FORT MYERS FL 33913 FORT MYERS FL 33913 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 65-0496527 Not Applicable _Country \$8.75 Additional ---5. Certificate of Status Desired -----6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TIBOL, GEORGE J Street Address (P.O. Box Number is Not Acceptable) 12251 TOWNLKE DR FT MEYERS FL 33913 City Zip Code FL 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 Tax filing requirement and elects to do so. 10. Election Campaign Financing After May 1, 2002 Fee will be \$550.00 \$5.00 May Be (See criteria on back) Make Check Payable to Department of State Trust Fund Contribution. Added to Fees 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change Change ☐ Addition NAME TIBOL, GEORGE NAME STREET ADDRESS 25011 GOLDCREST DRIVE STREET ADDRESS CITY-ST-7IP **BOUITA SPRINGS FL 33923** CITY-ST-ZIP TITLE ST ☐ Delete TITLE Change ☐ Addition NAME tibol, maria NAME STREET ADDRESS 25011 GOLDCREST DRIVE STREET ADDRESS CITY-ST-ZIP BOUITA SPRINGS FL 33923 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-ZIP CITY-ST-ZIP THE Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

CR2E034 (9/01)