

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

1995



OFFICE OF THE SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

05 MAY -1 AM '95

DOCUMENT # P94000050841 (3)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ATI TECHNOLOGIES, INC.

26 SEA MARSH ROAD
AMELIA ISLAND FL 32034

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AMELIA ISLAND FL 32034

2. Filing Agent's Signature	2a. Filing Agent's Name	4. Filing Number	Applied For
21. State Applicant	26. Filing Agent's Address	59-3266701	Not Applicable
22. City/County	27. Filing Agent's Phone	5. Certificate of Status Fee	\$8.75 Additional Fee Required
23. Filing Agent's Signature	28. Filing Agent's Title	6. Election Campaign Financing	\$5.00 May Be Added to Fees
24. Filing Agent's Address	29. Filing Agent's Phone	7. This corporation has liability for its expenses under 22-190.001	Yes ☒ No ☐
25. Filing Agent's Address	30. Filing Agent's Phone	8. Filing Agent's Signature	Yes ☒ No ☐

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TODD, WILLIAM M
26 SEA MARSH ROAD
AMELIA ISLAND FL 32034

81. Name	85. Zip Code
82. Street Address (P.O. Box Number or Post Office Address)	
83. City	
84. State	FL

11. Pursuant to the provisions of Sections 190.001 and 190.002, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Sections 190.001 and 190.002, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS	13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS
NAME: TODD, WILLIAM M ADDRESS: 26 SEA MARSH ROAD AMELIA ISLAND FL 32034	1. NAME ☐ Change ☐ Addition
	2. NAME ☐ Change ☐ Addition
	3. NAME ☐ Change ☐ Addition
	4. NAME ☐ Change ☐ Addition
	5. NAME ☐ Change ☐ Addition
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	15. NAME ☐ Change ☐ Addition
	16. NAME ☐ Change ☐ Addition
	17. NAME ☐ Change ☐ Addition
	18. NAME ☐ Change ☐ Addition
	19. NAME ☐ Change ☐ Addition
	20. NAME ☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is correct and true to the best of my knowledge and belief. I am not responsible for the consequences of any false or misleading information supplied with this filing. I am not responsible for the consequences of any false or misleading information supplied with this filing. I am not responsible for the consequences of any false or misleading information supplied with this filing.

SIGNATURE:

ATI Technologies, Inc.
By: William M. Todd, Treasurer
WILLIAM M. TODD
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/95

(904) 277-4406