2001 UNIFORM BUSINESS REPORT (UBR) Apr 23, 2001 8:00 am Secretary of State DOCUMENT # P94000076100 1. Entity Name HIGHWAY MICRO SYSTEMS, INC. 04-23-2001 90121 042 ***150.00 Principal Place of Business Mailing Address 1255 BELLE AVE 1255 BELLE VUE SUITE 123 **SUITE 123** WINTER SPRINGS FL 32708 WINTER SPRINGS FL 32708 2. Principal Place of Business 3. Mailing Address 473 TIMBERWOOD IR IIMBERWOOD Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc Applied For City & State City & State 4. FEI Number 59-3276787 VIEDO Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired US A Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name KIPI. JEFFREY T Street Address (P.O. Box Number is Not Acceptable) 1759 W BROADWAY SUITE 8 **OVIEDO FL 32765** 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 FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition □ Delete TITLE HEFFERNAN, EDWARD J NAME STREET ADDRESS STREET ADDRESS **473 TIMBERWOOD TRAIL** CITY-ST-ZIP CITY-ST-ZIP OVIEDO FL 32765 Addition Change TITLE ☐ Delete TITLE NAME HEFFERNAN, FLORENCE NAME STREET ADDRESS **473 TIMBERWOOD TRAIL** STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP OVIEDO FL 32765 ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS ·CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition TITLE

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.

NAME

STREET ADDRESS CITY-ST-ZIP

CICNIATURE.

NAME

STREET ADDRESS

SMATURE AND TYPED OF PRINTED NAME OF SINING OFFI

EDWARD J

HEFFERNAN

4/13/0 /

0 7-368-929