FILED

Secretary of State

03-27-2001 90026 009 ***150.00

DOCUMENT # **P94000077641**

1. Entity Name

ARGUS PHOTONICS GROUP, INC.

Principal Place of Business Mailing Address 759 PARKWAY ST 759 PARKWAY ST SUITE 102 SUITE 102 JUPITER FL 33477 JUPITER FL 33477 3. Mailing Address CLEMONS ST. 2. Principal Place of Business STREET CLEMONS 016 Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE SUTTE City & State Applied For 4. FEI Number 65-0539025 UPITER Not Applicable Country A \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent **PUCCI, THOMAS** %LITE JET INC 759 PARKWAY ST. 102 1016 CLEMONS JUPITER FL 33477 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 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 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. 12. PREIDENT + DIRECTOR 4 CEO X Delete TITLE ☐ Change TITLE KIRK MERRITT DICKENSON, KEVIN NAME JOSS TOCOBAGA Lane STREET ADDRESS 1209 MAINSAIL CIRCLE STREET ADDRESS FL 34275 CITY-ST-ZIP CITY-ST-ZIP Jupiter FL NOKOMIS DILECTOR TITLE TITLE DONALD MURRAY, MICHAEL NAME NAME 45 DOVE PLUM ROAD 4171 SW EGRET POND TERRACE STREET ADDRESS STREET ADDRESS VERO BEACH FL 32963 CITY-ST-ZIP ___ PALM CITY FL CITY-ST-ZIP D'ILECTOR TITLE Delete TITLE ☐ Addition THOMAS F. PUCCI PUCCI, THOMAS F. NAME NAME SHELL PENDOCK POINT ROAD 495 SOUTH BEACH ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP JUPITER PL 33458 HOBE SOUND FL 33455 TITI F ☐ Change ☐ Addition TITLE Delete NAME DEUTCH, ANDREW NAME **58 4TH STREET** STREET ADDRESS STREET ADDRESS

CITY-ST-ZIP CITY-ST-ZIP PARK RIDGE NJ 07656 CHAIRAAN & DIRECTOR TITLE Delete TITLE Change ☐ Addition HILLEBRECHT, ROBERT NAME NAME STREET ADDRESS 1 HATHWAY LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WHITE PLAINS NY 10605 TITLE Delete TITLE ☐ Change ☐ Addition DOYLER, DOROTHY E NAME STREET ADDRESS 416 BROKENWOOD LANE S STREET ADDRESS PALM BEACH GARDENS FL 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 changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

DOROTHY E. DOYLE 3/