2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 23, 2002 8:00 amg Secretary of State DOCUMENT # P94000077641 1. Entity Name 05-23-2002 90065 025 ***150.00 ARGUS PHOTONICS GROUP, INC. Principal Place of Business Mailing Address 1016 CLEMONS STREET 1016 CLEMONS STREET STE 206 STE 206 JUPITER FL 33477 JUPITER FL 33477 2. Principal Place of Business 3. Mailing Address 1308 ro, box 348/FYE WINDOW Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For トレ JUPITER. 65-0539025 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent PUCCE THOM'N PUCCI, THOMAS Address (P.O. Box Number is Not Acceptable) **ARGUS PHOTONICS GROUP** 1016 CLEMONS STREET #206 PENNOCK די ונסל 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) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE **PDC** TITLE (9/01) ☐ Defete ☐ Change ☐ Addition NAME MERRITT, KIRK NAME STREET ADDRESS 2055 TOCOBAGA LANE STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP NOKOMIS FL 34275 TITLE ☐ Delete TITLE ☐ Addition Change NAME O'NEILL, DONALD NAME STREET ADDRESS 45 DOVE PLUM RD STREET ADDRESS CITY-ST-ZIP ----CITY-ST-ZIP. VERO BEACH FL 32963 ☐ Delete TITLE TITL F ☐ Change □ Addition NAME PUCCI, THOMAS F. NAME STREET ADDRESS STREET ADDRESS **5481 PENNOCK POINT RD** CITY-ST-ZIP CITY-ST-ZIP Jupiter FL 33458 TITLE D ☐ Delete TITLE Change ☐ Addition NAME DEUTCH, ANDREW NAME STREET ADDRESS STREET ADDRESS 58 4TH STREET CITY-ST-ZIP CITY-ST-7IP PARK RIDGE NJ 07656 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME HILLEBRECHT, ROBERT NAME STREET ADDRESS 1 HATHWAY LANE STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WHITE PLAINS NY 10605 TIT! F ☐ Delete ☐ Change Addition NAME DOYLER, DOROTHY E STREET ADDRESS 416 BROKENWOOD LANE S STREET ADDRESS CITY-ST-ZIP PALM BEACH GARDENS FL CITY-ST-7IP

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

SIGNATURE AND THE OF PRINTED NAME OF SIGNING OFFICER OF