2000 UNIFORM BUSINESS REPORT (UBR)

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SIGNATURE:

FILED DOCUMENT # P95000061570 Jan 28, 2000 8:00 am Secretary of State RUSH TECHNOLOGIES, INC. 01-28-2000 90095 005 ***150.00 Principal Place of Business Mailing Address 4628 HIATUS RD PO BOX 26296 TAMARAC FL 33320-6296 SUNRISE FL 33351 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0618403 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FLEMING, O'BRYAN & FLEMING, P.A. Street Address (P.O. Box Number is Not Acceptable) 500 E BROWARD BLVD., 17TH FL Mr. Bill Dover FT LAUDERDALE FL 33394-3071 Niles, Dobbins, Meeks, Raleigh & Dover Zip Code 2601 E.Oakland Park Blvd. FL 33339 statement for the purpose of changing its registered brice or registered agent, of pour, in the state of librate. FL 8. The above par DATE (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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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 11. OFFICERS AND DIRECTORS 12. CR2E034 (9/99) D TITLE Change ☐ Addition Delete TITLE RUSH, DAVID H NAME NAME STREET ADDRESS STREET ADDRESS 4804 BANYAN LANE CITY-ST-ZIP CITY-ST-ZIP TAMARAC FL 33319 ☐ Change ☐ Addition Delete TITLE COFFEE, COLLINS STREET ADDRESS STREET ADDRESS 63 VALLEY RD CITY-ST-ZIP MANAHASSET NY CITY-ST-ZIP Change -Addition TITLE TITLE = '--**DUNN. STANLEY** NAME NAME 3408 PINE HAVEN CIR STREET ADDRESS STREET ADDRESS -CITY-ST-ZIP **BOCA RATON FL** CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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 by trustee employered to exempte this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

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