FILED 2001 UNIFORM BUSINESS REPORT (UBR) May 17, 2001 8:00 am DOCUMENT # P95 0000 75 9 23 Secretary of State OBJECT ORIENTED TECHNOLOGIET CONPUNTION 05-17-2001 91339 032 ***158.75 Principal Place of Business 195 CHADWICKROAD TEAMER NJO7666 TEAMER NJ 07666 00054170 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt, #, etc." Suite, Apt. #, etc. Applied For City & State City & State Not Applicable \$8.75 Additional Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name 5951 BAYVIEW DRIVE Street Address (P.O. Box Number is Not Acceptable) 7 + Luderdule Fl 33308 its registered office or registered agent, or both, in the State of Florida. 8. The above named entity submits this state SIGNATURE Signature, typed or printed name of registered agent and title if applicable 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 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 OFFICERS AND DIRECTORS 11. 12. ☐ Addition ☐ Change Delete TITLE ATTENTON ADNINE SCHAWLER NT 07666 NAME NAME STREET ADDRESS STREET ADDRESS CITY: ST-ZIP CITY-ST-7IP ☐ Addition MICHATTERON SRAWN 5 DOEELE ☐ Change TITLE NAME NAME STREET ADDRESS STREET ADDRESS 1990 ECK NJ07666 CITY-ST-ZIP CITY-ST-ZIP Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition Delete TITLE 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-7IP Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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 truckee empowered to execute the 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

SIGNATURE: