4/1 2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P95000085983 May 19, 2000 8:00 am Secretary of State HAWK TECHNICAL SERVICES, INCORPORATED 04-13-2000 90095 049 ***150.00 Principal Place of Business Mailing Address HEID ABBEYTHERE BRIVE 20701 NE 8th SE R.O. DOX 541335 MERRITT ISLAND FL 32953 REdmond WA MERRITT ISLAND FL 32954-1395 98D23 2. Principal Place of Business 3. Mailing Address BTH ST NE 20701 NE 10705 Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State REDMOND City & State 4. FEI Number 59-3344957 REDMOND MA WA Not Applicable 98<u>053</u> Country \$8.75 Additional Country 5. Certificate of Status Desired 98053 Fee Required UŚA USP 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent homas JANICE K. HOWD 1810 ABBEYRIDGE DRIVE **MERRITT ISLAND FL 32953** City ್ಷೇ ಹಿಳು purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity mits this statemes 70mas SIGNATURE applicable 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 Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. PRESIDENT + CEO CR2E034 (9/99) **D**d/Change TITLE Delete TITLE CHRISTOPHER A 20701 NE 8TH S ROW HOWD, CHRISTOPHER A. NAME NAME 4 1810 ABBEYRIDGE DRIVE STREET ADDRESS STREET ADDRESS 98053 MERRITT ISLAND FL 32953 CITY-ST-ZIP REDWOND CITY-ST-ZIP ■ Addition Change Delete TITLE TITLE JANICE K. HOWD NAME NAME 1810 ABBEYRIDGE DRIVE STREET ADDRESS STREET ADDRESS MERRITT ISLAND FL 32953 CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-719 ■ Addition Change TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE TITLE ☐ Detete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CTTY-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 peop 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 truesde 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

SIGNATURE:

CITY-ST-7IP