2000 UNIFORM BUSINESS REPORT (UBR) FILED May 03, 2000 8:00 am DOCUMENT # **P95000092409** Secretary of State NORDIC TECHNICAL DEVELOPMENT, INC. 05-03-2000 90085 047 ***150.00 Mailing Address Principal Place of Business 1323 SE 17 ST 1525 S ANDREWS AVE #521 SUITE 218 FT LAUDERDALE FL 33316-1707 FT LAUDERDALE FL 33316 2. Principal Place of Business Mailing Address PMB SXI DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 17 St Applied For 4. FEI Number City & State 65-0730710 Not Applicable Zip \$8.75 Additional 5. Certificate of Status Desired П Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MORAITIS, ROBERT J Street Address (P.O. Box Number is Not Acceptable) 1310 SE THIRD AVE FT LAUDERDALE FL 33316 Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 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, 2000 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 ☐ Change Addition □ Delete TITLE TITLE HUZELL, ULF NAME 1323 SE 17TH ST SUITE 521 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33316 Delete TITLE Change Addition LUDVIGSSON, MIKAEL NAME NAME STREET ADDRESS STREET ADDRESS 1323 SE 17TH ST SUITE 521 CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33316 DS. OLDO COMPOSITION ☐ Addition - - 🖸 Change TITLE 🔀 Delete MELLBERG, I. CHRISTER NAME NAME STREET ADDRESS 1323 SE 17TH ST SUITE 521 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 33316 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

13. I hereby certify that the information supplied with this filling 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 of the corporation of the corporation or the receiver of the corporation of the corp

SIGNATURE:

CITY-ST-7IP

TED NAME OF SIGNING OFFICER OR DIRECTOR