2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED DOCUMENT # P96000035546 07 MAY -1 PM 2: 06 R.C.T. ENGINEERING, INC. SECRETATE STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 701 NORTH POINT PARKWAY 701 NORTH POINT PARKWAY SUITE 310 SUITE 310 WEST PALM BEACH, FL 33407 WEST PALM BEACH, FL 33407 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 4232007 CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 65-0666245 Not Applicable Zip Country Country Zip \$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 RAYSON, JOHN C ESQ 2400 EAST OAKLAND PARK BLVD. Street Address (P.O. Box Number is Not Acceptable) FORT LAUDERDALE, FL 33306 City 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be Amended AR is \$61.25 Trust Fund Contribution Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE PDS ☐ Delete TITLE Change ☐ Addition C/D/M/S/T TYLER, RALPH S TYLER, RALPH S NAME NAME 701 NORTH POINT PARKWAY STREET ADDRESS 18101 SHELBURNE STREET ADDRESS WEST PALM BEACH, FL 33407 CITY-ST-ZIP CLEVELAND HEIGHTS, OH 44118 CITY-ST-ZIP VD TITLE Delete TITLE ☐ Change ☐ Addition OVERSTREET, E. LOUIS NAME NAME STREET ADDRESS 575 W. MADISON STREET STREET ADDRESS CITY-ST-ZIP CHICAGO, IL 60661 CITY-ST-ZIP **F TITLE TITLE ☐ Delete √ Change Addition D/P/AS NAME BURPHY, JAMES V NAME BURPHY, JAMES V 701 NORTH POINT PARKWAY STREET ADDRESS 6603 CONSTANCE ST STREET ADDRESS WEST PALM BEACH, FL 33407 CITY-ST-ZIP LAKE WORTH, FL 33467 CITY-ST-ZIP TITLE ☐ Delete TITLE Change | ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITI F ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered. SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Dayume Phone