2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P96000638591 FILED Apr 20, 2000 8:00 am GEMTRONICS DISTRIBUTION INCURPORATED **Secretary of State** 04-20-2000 90020 011 \*\*\*150.00 Principal Place of Business Mailing Address UUUJJIJU 3. Mailing Address 2. Principal Place of Business 0211 W, SAMPLE ED W. SAMPLE KD Suite, Apten-etc DO NOT WRITE IN THIS SPACE 4. FEI Number 65-0814396 Applied For SPRINGS Not Applicable \$8.75 Additional 5. Certificate of Status Desired 330*65* BROWARD 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent PETRILLO "MORAL SPRINGS 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. 4-10-00 (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 Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 П Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS **X** Change Addition TITLE ☐ Delete TITLE ABBONDANZLO, NAME NAME suite 117 10211 W. SAMPLE RD STREET ADDRESS STREET ADDRESS 33065 CITY-ST-ZIP CORAL SPRINGS CITY-ST-ZIP Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE. NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change TITLE ☐ Delete NAME 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 or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if chapted or on an attachaptat with an address with all other like empowered. nt with an address, with all other like empowered SIGNATURE: ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

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Inquiry by: C Corporation / Trademark Name C Officer / Registered Agent Name C Registered Agent Name C Trademark Owner Name C FEI Number C Document Number C Trademark Name	3/13/00 CORPORATE DETAIL RECORD SCREEN NUM: P96000038591 ST:FL ACTIVE/FL PROFIT FLD: 04/29/1996 FEI#: 65-0814396 NAME : GEMTRONICS DISTRIBUTION INCORPORATED PRINCIPAL: 5001 HIATUS RD ADDRESS SUNRISE, FL 33351 RA NAME : BEAULIEU, GEMMA S RA ADDR : 5001 HIATUS RD SUNRISE, FL 33351 ANN REP : (1997) BY 05/08/97 (1998) B 03/06/98 (1999) A
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