2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P96000041328 Feb 16, 2000 8:00 am FILTRATION-FLOW, INC. **Secretary of State** 02-16-2000 90136 023 ***150.00 Principal Place of Business Mailing Address Filtration - Flow Inc. SAME 250 East Dr., Suite D Melbourne, FL 32904 2. Principal Place of Business 3. Mailing Address Suite, A SAME DO NOT WRITE IN THIS SPACE Filtration - Flow Inc. 250 East Dr., Suite D Applied For 4. FEI Number 59-3526255 Not Applicable Melbourne, F.L. 32904 \$8.75 Additional Country Zip 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New F uistered Agent Name KRAUSS, RICHARD M Street Address (P.O. Box Number is Not Acceptable) Filtration - Flow Inc. 250 East Dr., Suite D Zip Code Melbourne, FL 32904 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 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 OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Change Addition Delete TITLE TITLE KRAUSS, RICHARD NAME NAME 461 CARMEL DR. 33-GODINGTON AVE STREET ADDRESS STREET ADDRESS HOPELAWN NJ 08861 MELBOURNE FL 32940 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change TITLE TITLE 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-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Defete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. Thereby 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 changed, or on an attachment with an address, with all other like empowered.

3-8-00

Daytime Phone #