2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **P9600065005**

STERIDYNE CORPORATION

Principal Place of Business --- INVESTMENT LANE

Mailing Address

3725 INVESTMENT LANE RIVIERA BEACH FL 33404-1730

013873 BEACH FL 33404 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc Applied For City & State 4. FEI Number City & State 65-0683614 Not Applicable Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LITTMAN, ERIC P Street Address (P.O. Box Number is Not Acceptable) 265 SUNRISE AVE SUITE 204 PALM BEACH FL 33480 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) DATE 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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so 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. Change ☐ Addition ☐ Delete TITLE TITLE BRENNAN, ROBERT D NAME NAME STREET ADDRESS STREET ADDRESS 3725 INVESTMENT LANE CITY-ST-ZIP CITY-ST-ZIP RIVERIA BCH FL 33404 ☐ Addition Change CFO ☐ Defete TITLE SUROVICK, DENNIS NAME NAME STREET ADDRESS 615 CENTERVILLE RD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP LANCASTER PA 17601 Delete Change Addition TITLE FEAKINS, JEREMY NAME 615 CENTERVILLE RD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP RIVIERA BEACH FL 33404 ☐ Change ☐ Addition De ete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE Delete TITLE NAME

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 changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

STREET ADORESS

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

Albert C. Dugan NG OFFICER OR DIRECTOR

Delete

Change

☐ Addition

FILED

Feb 21, 2000 8:00 am Secretary of State

02-21-2000 90038 028 ***150.00

CR2E034 (9/99)