FILED 2001 UNIFORM BUSINESS REPORT (UBR) May 22, 2001 8:00 am<sup>2</sup> Secretary of State DOCUMENT # **P96000067269** 05-22-2001 90627 028 \*\*\*150.00 TDS TECHNOLOGIES: INC. Technologies Principal Place of Business Mailing Address 8003 LINCOLN DRIVE WEST 8003 LINCOLN DRIVE WEST SUITE.A SUITE A MARLTON NJ 08053 MARLTON NJ 08053 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. .. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0698155 Not Applicable Country Zip Zip Country \$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 Name MATTEUCCI, ROBERT Street Address (P.O. Box Number is Not Acceptable) 18249 S.E. CASSIA LANE **TEQUESTA FL 33469** City Zip Code 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible -FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing **\$5.00** May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE TITLE ☐ Addition ☐ Delete MATTEUCCI, ROBERT NAME NAME STREET ADDRESS 18249 S.E. CASSIA LANE STREET ADDRESS CITY-ST-ZIP TEQUESTA FL CITY-ST-ZIP TITLE ☐ Defete TITLE Change ☐ Addition MUZYKA, FRANCIS NAME NAME 1307 SAGE COURT STREET ADDRESS STREET ADDRESS '81 CHEASAPEAKE VA CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition HUGHES, JEFFREY S NAME NAME 39 WICKLOW DR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TABERNACLE NJ CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition GREGO, JAMES NAME 3209 WOOD DUCK PLACE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Johns Island SC 29455 CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing 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 acquired by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if chanced, or on an attachment within a subsess, with another use empowered.

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR