FILED

2001 UNIFORM BUSINESS REPORT (UBR)

May 16, 2001 8:00 am Secretary of State DOCUMENT # P96000098176 05-16-2001 90240 012 ***150.00 **NVT CORPORATION** Principal Place of Business Mailing Address 1800 NORTHGATE BLVD 1800 NORTHGATE BLVD C0065739 SARASOTA FL 34234 SARASOTA FL 34234 US US 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 59-3413619 Not Applicable Zip Zip Country Country \$8.75 Additional 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent UNGER, RICKY C Street Address (P.O. Box Number is Not Acceptable) 2383 S TAMIAMI TRAIL STE D VENICE FL 34293 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. SIGNATURE 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 12. **PSVT** ☐ Addition TITLE TITLE ☐ Delete NGUYEN, THANH V NAME NAME STREET ADDRESS 3653 RADNOR PLACE STREET ADDRESS CITY-ST-ZIP SARASOTA FL CITY-ST-ZIP ☐ Change ☐ Addition TITLE 🜠 Delete TITLE LILLER, GEORGE R NAME NAME 1064 32ND ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP_ SARASOTA FL 34234 CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change TITLE TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME 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 trusted 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 information with all other like empowered.

Thanh V Nguyen (941)351~6999 4/30/01 SIGNATURE: AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR