2000 UNIFORM BUSINESS REPORT (UBR)

FILED May 24, 2000 8:00 am Secretary of State DOCUMENT # P97000075468 ASK TECHNOLOGIES, INC. 05-24-2000 90037 041 ***150.00 Principal Place of Business Mailing Address 3600 DALLAS HWY. #230142 --- PINEWOOD RD. FL 32934 MARIETTA GA 30064-1675 2. Principal Place of Business 3. Mailing Address Suite, Apt, #, etc. DO NOT WRITE IN THIS SPACE Suite Apt #, etc. City & State 4. FEI Number Applied For City & State 62-1702820 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent FAGAN, JOANNE Nymber is Not Acceptable 360 TOLLEY AVE. MELBOURNE FL 32934 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 (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 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 12. 11. Addition ☐ Delete TITLE TITLE NAME KITCHEL, C. AL NAME STREET ADDRESS STREET ADDRESS 3600 DALLAS HWY. #230142 CITY-ST-ZIP CITY-ST-ZIP MARIETTA GA 30064 ☐ Change ☐ Addition ☐ Delete TITLE KITCHEL: SANDRA L NAME STREET ADDRESS STREET ADDRESS 3600 DALLAS HWY. #230142 CITY-ST-ZIP CITY-ST-ZIP MARIETTA GA 30064 🔀 Delete TITLE Addition TITLE. SANDRA KITCHEL 3600 DAILAS HWY # 230142 NAME FAGAN, SANDRA NAME STREET ADDRESS STREET ADDRESS 360 TOLLEY AVE. MARIEHA, GA CITY-ST-ZIP CITY-ST-ZIP **MELBOURNE FL 32934** ☐ Addition ☐ Delete TITLE TIT! E NAME 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-7IP ☐ Delete ☐ Addition Change TITLE NAME NAME . . . , sr.

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 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.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIF

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SANDRA L Kitchel