FILED Mar 12, 2002 8:00 am

Secretary of State

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2002 UNIFOR	m Business	troger	(UBR)
OCUMENT #	D070000977	7 9 0	

P9/00000//80 1. Entity Name 03-12-2002 90994 046 ***150 00 CONTRACT TECHNOLOGIES, INC. Principal Place of Business Mailing Address 5100 N FEDERAL HWY 5100 N FEDERAL HWY 300 FORT LAUDERDALE FL 33308 FORT LAUDERDALE FL 33308 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 65-0795128 Not Applicable Zip Country 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_ RANEY, AUGUSTUS E JR Street Address (P.O. Box Number is Not Acceptable) 5100 N. FEDERAL HIGHWAY #300 FT. LAUDERDALE FL 33308 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 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 After May 1, 2002 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 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. **PSD** Change TITLE Delete TITLE Addition NAME RÀNEY, AUGUSTUS E JR NAME 5100 N. FED. HWY., #300 STREET ADDRESS STREET ADDRESS FT&LAUDERDALE FL 33308 CITY-ST-ZIP CITY-ST-ZIP TITLE D ☐ Addition TITLE Delete NAME BATES, STEVEN NAME STREET ADDRESS 105 13TH STREET STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP COLUMBUS GA 31901 TITLE ☐ Delete [] Change ☐ Addition RAICHE, JOANN NAME^{*} NAME STREET ADDRESS 5100 FEDERAL HWY 300 STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33308 CITY-ST-ZIP TITI F ☐ 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 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

TITLE

NAME

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:

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TITLE

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Change

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Addition

(9/01)