

COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Sep 09, 1999 8:00 am**  
**Secretary of State**

09-09-1999 90003 048 \*\*\*150.00

DOCUMENT # **P98000033763** ✓ (C)

Corporation Name

**NANO INTERFACE TECHNOLOGY, INC.**



Principal Place of Business  
**41 S.E. MILL CREEK CIRCLE  
OCALA FL 34471  
90A TERMINAL ROAD  
ORTON, VA 22079**

Mailing Address  
**2241 S.E. MILL CREEK CIRCLE  
OCALA FL 34471  
P.O. BOX 8542  
ALEXANDRIA, VA 22306**

DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>8390A Terminal Road</b>		2a. Mailing Address <b>P.O. Box 8542</b>	3. Date Incorporated or Qualified <b>04/10/1998</b>
Suite, Apt. #, etc.		Suite, Apt. #, etc.	4. FEI Number <b>59-3505847</b>
City & State <b>Lorton, VA</b>		City & State <b>Alexandria, VA</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip <b>22079</b>	Country <b>USA</b>	Zip <b>22306</b>	Country <b>USA</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**RODRIGUEZ, PABLO A  
310 SOUTH BUMBY AVENUE  
ORLANDO FL 32803**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City <b>FL</b> 85 Zip Code

Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

OFFICERS AND DIRECTORS

ST ADDRESS ST-ZIP	<b>PSD SINGH, CHITTARANJAM P 2241 S.E. MILL CREEK CIRCLE OCALA FL 34471</b>	<input type="checkbox"/> DELETE
ST ADDRESS ST-ZIP	<b>VPD SINHA, MAYA 2241 S.E. MILL CREEK CIRCLE OCALA FL 34471</b>	<input type="checkbox"/> DELETE
ST ADDRESS ST-ZIP		<input type="checkbox"/> DELETE
ST ADDRESS ST-ZIP		<input type="checkbox"/> DELETE
ST ADDRESS ST-ZIP		<input type="checkbox"/> DELETE
ST ADDRESS ST-ZIP		<input type="checkbox"/> DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>PSD SINGH, CHITTARANTAN P 2629 ARLINGTON DR. #203 ALEXANDRIA, VA 22306</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<b>VPD SINHA, MAYA 2629 ARLINGTON DR. #203 ALEXANDRIA, VA 22306</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **G. SINGH/CHITTARANJAM P SINGH**

9.3.99

703-339-2929

CR2E034 (5/99)

# Nano Interface Technology, Inc.

8390A Terminal Road, Lorton, VA 22079

Phone/Fax: (703)339-2929, E-mail: nit2020@erols.com

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September 3, 1999

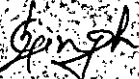
The Secretary of State  
Florida Department of State  
Division of Corporations  
P. O. Box 1500  
Tallahassee, FL 32302-1500

Subject: Annual Report Filings

Dear Sir/Madam:

We have moved our business to Lorton, Virginia; therefore we could not receive 1<sup>st</sup> notice of Annual Report. I am enclosing a check of \$150 as instructed on the telephone. I want to continue my company as Florida, incorporated. Should you have any question, please contact us on (703)339-2929.

Sincerely,



C. P. Singh, Ph.D.

President, Nano Interface Technology, Inc.