2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 30, 2001 08:00 AM P98000038242 DOCUMENT # 1. Entity Name **Secretary of State** OBJECT TECHNOLOGIES CORPORATION Principal Place of Business Mailing Address 195 CHADWICK ROAD 195 CHADWICK ROAD TEANECK TEANECK ΝJ NJ 076664205 076664205 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 22-3405598 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CHATTERTON ADRIANE 5951 BAYVIEW DR Street Address (P.O. Box Number is Not Acceptable) FT LAUDERDALE FL33308 US 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. 04/30/2001 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 After MAY 1, 2001 Fee will be \$550.00 10. Election Campaign Financing \$5.00 May Be 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 OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition X Change CHATTERTON MAME GERALD NAME CHATTERTON GERALD 100 WOOD AVE SOUTH SUITE 103 STREET ADDRESS STREET ADDRESS 195 CHADWICK ROAD CITY-ST-ZIP ISELIN N.I 08830 CITY-ST-ZIP TEANECK 07666 ☐ Delete TITLE X Change NAME CHATTERTON ADRIANE NAME CHATTERTON ADRIANE STREET ADDRESS 100 WOOD AVE SOUTH SUITE 103 STREET ADDRESS 195 CHADWICK ROAD CITY-ST-ZIP ISELIN NJ 08830 CITY-ST-ZIP TEANECK NJ07666 Delete TITLE ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete 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 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.

04/30/2001

Date

Daytime Phone #

adriane chatterton

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _

CR2E034 (11/00)