FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 91362 003 ***150.00

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000051005

1. Entity Name
B C I AUTOMATION, INC.

Principal Place of Business	Mailing Address
~~2525 SWEETWATER TRAIL~~	~~P O BOX 563~~
~~MAITLAND, FL 32751~~	~~WINTER PARK, FL 32790~~

2. Principal Place of Business	3. Mailing Address
603 MANATEE BAY DR.	603 MANATEE BAY DR.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: CAPE CANAVERAL, FL	City & State: CAPE CANAVERAL, FL
Zip: 32920 Country: BREVARD	Zip: 32920 Country: BREVARD

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3515765 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

PERSSE, GEORGE M
~~2525 SWEETWATER TRAIL~~
~~MAITLAND, FL 32751~~

ADDRESS CHANGE

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number Is Not Acceptable)
603 MANATEE BAY DR

City CAPE CANAVERAL FL Zip Code 32920

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. I am familiar with, and accept the obligations of registered agent.

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
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	D ☐ Delete	TITLE	☑ Change ☐ Addition
NAME	PERSSE, GEORGE M	NAME	
STREET ADDRESS	~~2525 SWEETWATER TRAIL~~	STREET ADDRESS	603 MANATEE BAY DR.
CITY-ST-ZIP	~~MAITLAND, FL 32751~~	CITY-ST-ZIP	CAPE CANAVERAL, FL 32920
TITLE	☐ Delete	TITLE	☐ Change ☐ 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	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
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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	

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: GEORGE M. PERSSE [signature] 4-24-03 321-868-5336
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/02)