2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: _

SOCKASTURE AND TYPED OF PRINTED NAME OF STORING OFFICER OR ORECTOR

May 16, 2001 8:00 am Secretary of State DOCUMENT # P98000059474 05-16-2001 90265 007 ***150.00 ASATEK, INC. Mailing Address Principal Place of Business C0067994 Malling Address POB 361348 2. Principal Place of Business 1560 BUSEN Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 593571 Not Applicable \$8.75 Additional 5. Certificate of Status Desired \Box 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) 8. The above named analy submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE (NCTE: Registered Apert signature required when retrebating) FILE NOWIT PEE IS \$150.00 9. This corporation is eligible to satisfy its intangible 19. Election Cempaign Financing \$5.00 May 84 After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Chack Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Addition **X** ⊃hange PSTAD Contate FEE E ME EVINE, SAM 560 QUEEN MAG WÆ STREET ADDRESS STREET ADDRESS CITY-ST-2P CEY-83 - ZP Addition Delete TITLE MLE NAF HALE: STREET ADDRESS STREET ASSORESS Cary-St-ZP CITY-ST-ZIF Change Addition Coelete mu BB£ NAME: N 15 STREET ADDRESS STREET ADDRESS CHY-ST-ZP 2014-27-2P Change Addition C Oelete THE F ME HAVE STREET ACCRESS STREET ADDRESS CRY-ST-ZIP CITY ST 29 Change Addition RRF Delete KASE NAME STREET ASSURESS STREET ADDRESS DRY-SI-ZP CEY-ST-EP C Delate Change Addition MILE TITLE MALE NAME STREET ADDRESS STREET ADERESS CHY-ST-ZE Q1Y-51-2# 13. I hereby certify that the information supplied with this filing does not quality for the examption stated in Section 119.07(3)(i), Fiorida 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 eppears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

FILED