FILED
May 17, 2002 8:00 am
Secretary of State

05-17-2002 90040 006 ***158.75

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P98000077700

1. Entity Name
Galleon Technologies, Inc.

DO NOT WRITE IN THIS SPACE

662645

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1320 Anna Catherine Dr.
Suite, Apt. #, etc.
City & State: Orlando Florida
Zip: 32828 Country: USA

3. Mailing Address
1320 Anna Catherine Dr
Suite, Apt. #, etc.
City & State: Orlando FLORIDA
Zip: 32828 Country: USA

4. FEI Number: 59-3531991 — Applied For / Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent
Name: Adam Besnard
Street Address (P.O. Box Number is Not Acceptable): 6109 Galleon Way.
City: Tampa FL Zip Code: 33615

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] CEO
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)
DATE: 4/29/02

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

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

11. OFFICERS AND DIRECTORS

TITLE	CO-CEO (P/D),
NAME	Adam Besnard
STREET ADDRESS	6109 Galleon Way
CITY-ST-ZIP	Tampa, FL 33615
TITLE	CO-CEO (P/D)
NAME	J. Troy Boyette
STREET ADDRESS	1320 Anna Catherine Dr.
CITY-ST-ZIP	Orlando, FL 32828
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E034B (12/01)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: 4/29/2002

Daytime Phone #: (813) 760-0418