FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED May 01, 2002 8:00 am Secretary of State

Oldii Okim Boshiless Kel (Kel (OBK)				Secretary of State	
DOCUMENT # <i>P9800</i> 093968 1. Entity Name				05-01-2002 91518 020 ***150.00	
RECIANCE LAMP COMPANY INC.					
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	Place of Business	3. Mailing Address			
Suite, Apt.	O Corporate Dr. Ne	Suite, Apt. #, etc.	k Dave	DO NOT WRITE IN THIS SP)ACE
Stille, Apt.	#, E(C.	State, Apr. #, etc.		DO NOT WRITE IN THIS SP	ACL
City & State		City & State		4. FEI Number	Applied For
Boyn	nten Beach FL	Baynton Beach		65-0879608	Not Applicable
^{Zip} 334	26 Country	Zip 7 33436	*Country ·	5. Certificate of Status Desired	8.75 Additional ee Required
Name			7. Name and Address of Current Registered Agent		
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Participation Participat					
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			Pian	7.	Zip Code 33/56
8. The above	named entity submits this statement	for the purpose of changing its	registered office or register	red agent, or both, in the State of Florida.	
SIGNATURE CONTROL OF THE STATE					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) January 1: Fee is \$150.00 After May 1: Fee is \$550.00 Amended UBR is \$61.25 Trust Fund Contribution. Make Check Payable to Department of State					
11.	OFFICERS AN	D DIRECTORS	RECEIPTED AND FOR		等是是1986年8月20日20
III L	DPST		TITLE 1		
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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 of 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 addiress, will other like empowered.					
M/11/ M//11/15 - MICHAFI MICHE 3/26/02 56/240-4000					
SIGNATURE: SIGNATURE and Typed on Pented Name of Signing Officer or Director Date Dayling Phone #					