
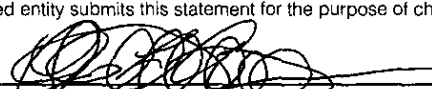
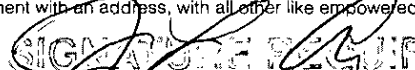


**FILED**  
**Apr 27, 2000 8:00 am**  
**Secretary of State**  
04-27-2000 90121 045 \*\*\*150.00

### 1. Entity Name

**DYNATECH CHEMICALS, INC.**

04-27-2000 90121 045 \*\*\*150.00

Principal Place of Business <b>3115 SPRING GLEN ROAD #505 JACKSONVILLE FL 32207</b>		Mailing Address <b>3115 SPRING GLEN ROAD #505 JACKSONVILLE FL 32207-5907</b>		 <b>DO NOT WRITE IN THIS SPACE</b>	
2. Principal Place of Business <b>2375 ST. JOHNS BLUFF ROAD S.</b>		3. Mailing Address <b>2375 ST JOHNS BLUFF ROAD S.</b>		<b>DO NOT WRITE IN THIS SPACE</b>	
Suite, Apt. #, etc. <b>304</b>		Suite, Apt. #, etc. <b>304</b>			
City & State <b>JACKSONVILLE FL</b>		City & State <b>JACKSONVILLE FL</b>			
Zip <b>32246</b>	Country <b>DUVAL</b>	Zip <b>32246</b>	Country <b>DUVAL</b>		
6. Name and Address of Current Registered Agent  <b>ANDERSON, JON 3115 SPRING GLEN ROAD #505 JACKSONVILLE FL 32207</b>		4. FEI Number <b>59-3570431</b> <div style="float: right;">Applied For <input type="checkbox"/> Not Applicable</div>			
		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required			
		7. Name and Address of New Registered Agent			
		Name _____			
		Street Address (P.O. Box Number is Not Acceptable) <b>2375 ST. JOHNS BLUFF ROAD S. #304 City JACKSONVILLE FL Zip Code 32246</b>			
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  (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) <input type="checkbox"/>		<b>FILE NOW!!! FEE IS \$150.00 After MAY 1, 2000 Fee will be \$550.00 Make Check Payable to Department of State</b>		10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
11. OFFICERS AND DIRECTORS					
12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
D ANDERSON, JON 3115 SPRING GLEN ROAD #505 JACKSONVILLE FL 32207					
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP			
2375 ST JOHNS BLUFF ROAD S. JACKSONVILLE, FL 32246					
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		TITLE NAME STREET ADDRESS 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.					
SIGNATURE:  SIGNATURE REQUIRED					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					