2002 UNIFORM BUSINESS REPORT (UBR)

May 12, 2002 8:00 am Secretary of State P99000005257 DOCUMENT # 1. Entity Name 05-12-2002 90623 005 ***155.00 ROCKETSCIENCE, INC. Principal Place of Business Mailing Address 2125 1ST AVENUE SOUTH 2125 1ST AVENUE SOUTH SAINT PETERSBURG FL 33712 SAINT PETERSBURG FL 33712 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 59-3551866 Not Applicable \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent COTTECT BUSH, STEPHEN R Street Address (P.O. Box Number is Not Acceptable) 2338 Fairway Ars 1420 ALHAMBRA WY. S. St. Peters bys, FL ST. PETERSBURG FL 33705 City Zip Code 33712 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (9/01) Change TITI F ☐ Defete BUSH, STEVEN R NAME NAME 2338 FAIRWAY AVENUE SOUTH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SAINT PETERSBURG FL 33712 CITY-ST-ZIP Change ☐ Addition Delete TITLE PENNINGTON, LOIS NAME NAME BENNINGTON, LOIS B 2338 FAIRWAY AVENUE SOUTH STREET ADDRESS STREET ADDRESS SAINT PETERSBURG FL 33712 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME === NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 eath; 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.

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