

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90201 024 ***158.75

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1. Entity Name

SCORPION TECHNOLOGIES, INC.



Principal Place of Business

630 S WICKHAM ROAD
SUITE 206
WEST MELBOURNE FL 32904

Mailing Address

630 S WICKHAM ROAD
SUITE 206
WEST MELBOURNE FL 32904

00060910



2. Principal Place of Business

520 N Washington St. # 100

Suite, Apt. #, etc.

Falls Church VA

City & State

3. Mailing Address

520 N. Washington St. # 100

Suite, Apt. #, etc.

Falls Church, VA

City & State

☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

65-0932101

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

KOSTRO, VICTOR S
1825 RIVERVIEW DR.
MELBOURNE FL 32901

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE DPCE ☐ Delete
NAME DEPUE, CLAYTON
STREET ADDRESS 1304 N MEADE ST # 11
CITY-ST-ZIP ARLINGTON VA 22209

TITLE DCFO ☒ Delete
NAME ALBERT, RUDOLF
STREET ADDRESS PAPENREYE 51
CITY-ST-ZIP HAMBURG GERMANY D-224-3

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ST ☐ Change ☒ Addition
NAME Ratajczyk, Rosemarie
STREET ADDRESS Papenreya 51
CITY-ST-ZIP Hamburg, GERMANY 22453

TITLE V ☐ Change ☒ Addition
NAME Karim Dehkordi
STREET ADDRESS 26242 Dimension Drive, Suite 120
CITY-ST-ZIP Lake Forrest, CA 92630

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CLAYTON DEPUE
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/02)

703-536-6500

9 Jan 22