2002 UNIFORM BUSINESS REPORT (UBR)

May 24, 2002 8:00 am Secretary of State P99000073248 **DOCUMENT#** 05-24-2002 91349 023 ***150.00 MPR TECHNOLOGIES INC. Principal Place of Business Mailing Address 2851 SOUTH OCEAN DRIVE 2851 SOUTH OCEAN DRIVE SUITE 7V SUITE 7V BOCA RATON FL 33432 **BOCA RATON FL 33432** 2. Principal Place of Business 10837 QUALL 3. Mailing Address WUAIL COVER RD 10837 QUAIL COVEY RD DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0954552 BOYNTON BEACH Not Applicable BAYNTON \$8.75 Additional 5. Certificate of Status Desired U Fee Required 33436 7.: Name and Address of New Registered Agent. ATE NAUDE PATENAUDE, MARCEL Street Address (P.O. Box Number is Not Acceptable) 2851 S. OCEAN BLVD SUITE 7V 10837 QUAIL COVEY RD **BOCA RATON FL 33432** BOYNTON BEACH for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named entity submits this states SIGNATURE Z (NOTE: Registered Agent alignature required when reinstating) FILE NOW!!! FEE IS \$150,00 9. This dorporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11, (9/01) ☐ Delete TITLE TITLE PATENAUDE MARCEL PATENAUDE, MARCEL NAME NAME 2851 SOUTH OCEAN DRIVE SUITE 7V STREET ADDRESS 10837 RUAIL COVEY RD STREET ADDRESS BOYNTON BEACH **BOCA RATON FL 33432** CITY-ST-ZIP CITY-ST-7P ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE DUE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition TITLE TITLE NAME STREET ADDRESS 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 transportance. 4/5/02 561-361-3966
Date 561-361-3966

SIGNATURE:

FILED