2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P99000080220 May 16, 2000 8:00 am 1. Entity Name Secretary of State PIPER SYSTEMS (U.S.), INC. 05-16-2000 90145 022 ***150.00 Principal Place of Business Mailing Address 116 MONET DRIVE 116 MONET DRIVE NOKOMIS FL 34275-1353 NOKOMIS FL 34275 2. Principal Place of Business 3. Mailing Address 7250 CORTEZ ROAD HEST 1250 Cortex Road West Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number P2-00HP8PP. BRADENTON RADENTON FLORIDA Not Applicable \$8.75 Additional Country Zip 5. Certificate of Status Desired USA. Fee Required 34210 34210 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SILBERSTEIN, DAVID M Street Address (P.O. Box Number is Not Acceptable) 720 SOUTH ORANGE AVENUE SARASOTA FL 34236 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. SIGNATURE DATE 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 \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Addition **4** / **b** Change ☐ Delete TITLE STEVEN DERRICK PIMLOTT NAME 1127 HOOVER STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NOKOMIS, FLORIDA, 34275. ☐ Delete TITLE TITLE SOUTHGATE . NAME NAME ROAD, NORTH WOOTTON P.MGLES STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HORAOLK PEBO BRT, ENGLAND ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ 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-7IP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 output sees 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 attechnical with an address, with all other like empowered.

P.MLOTT 04/26/00 SIGNATURE: