2002 UNIFORM BUSINESS REPORT (UBR)

changed, or on an attachment with an address, with all other like

FILED May 03, 2002 8:00 am § Secretary of State DOCUMENT # S44524 1. Entity Name SUSSEX SEMICONDUCTOR CORP. 05-03-2002 90021 016 ***150.00 Principal Place of Business Mailing Address 12251 TOWN LAKE DRIVE 12251 TOWN LAKE DRIVE FORT MYERS FL 33913 FORT MYERS FL 33913 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0337363 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent TIBOL, GEORGE J. Street Address (P.O. Box Number is Not Acceptable) 12251 TOWN LAKE DRIVE FORT MYERS FL 33913 City Zip Code FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 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. Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 **PDC** TITI F CR2E034 (9/01) ☐ Delete TITLE Change Addition TIBOL, GEORGE NAME NAME STREET ADDRESS 12251 TOWNE LAKE DRIVE STREET ADDRESS FORT MYERS FL 33913 CITY-ST-ZIP CITY-ST-ZIP TITLE TSD ☐ Delete ☐ Change Addition NAME TIBOL. MARIA NAME STREET ADDRESS 12251 TOWNE LAKE DRIVE STREET ADDRESS CITY-ST-ZIF FORT MYERS FL 33913 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE □ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIE CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition 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 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

Daytime Phone #