2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # S52607 1. Entity Name HEATSHIELD TECHNOLOGIES, INC.				FILED May 01, 2000 8:00 am Secretary of State 05-01-2000 90385 043 ***150.00		
Principal Place of Business	Mailing Address			03-01-2000 90.	565 045 ~~ 150	.00
.O. BOX 208	P.O. BOX 8544 Coral Springs FL 33075-8544 US			nevana jaj dinan vena dinin danin kenda	1991 BABA BARK DIRIA DIRI	1 01 0(2 1 3 6 2
2. Principal Place of Business 7510 COLONY ORIUE	3. Mailing Address					
Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN	I THIS SPACE	
City & State Cumminy, GA	City & State	City & State		Number 65-0260821		plied For of Applicable
Zip Country 3004/ USA	Zip	Country	5. Cert	ificate of Status Desired	See Require	
6. Name and Address of Current Re	gistered Agent	Nama	7. Nam	e and Address of New Regis	tered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET		Name Street Addre	ess (P.O. Box Number is Not Acceptable)			
TALLAHASSEE FL 33301		City			FL Zip Cod	e
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)	filing requirement and elects to do so. e criteria on back)		00 State	0. Election Campaign Financ Trust Fund Contribution.	Addec	O May Be to Fees
11. OFFICERS AND DII TITLE PC NAME ARENA, PAUL R. STREET ADDRESS 128 HAMILTON PLACE CITY-ST-ZIP HOT SPRINGS AR 71913	CTORS			OLONY DRIVE	🔀 Change	S IN 11
TITLE T NAME ZOLOTO, LEIGH S STREET ADDRESS 2001 W SAMPLE ROAD CITY-ST-ZIP POMPANO BCH FL 33064	X Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition
TITLE D NAME AUSTIN, JAMES L. STREET ADDRESS 9 GREEN ACRE LANE CITY-ST-ZIP WESTPORT CT	X Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	·		Change	Addition
TITLE D PURCELL, E W STREET ADDRESS CITY-ST-ZIP BARRINGTON IL 60010	X Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition
TITLE D BRASWELL, AL STREET ADDRESS 1977 N. GAREY AVE CITY-ST-ZIP PONOMA CA 91767	🔀 Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition
TITLE V NAME LAMB, THEODORE STREET ADDRESS 6705 POLO DRIVE CITY-ST-ZIP CUMMING GA 30040	X Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition
 I hereby certify that the information supplied with th indicated on this report or supplemental report is true of the corporation or the receiver or trustee empower changed, or on an attachment with graddress, with 	ue and accurate and that n ered to execute this report	ny signature shall have as required by Chapte	the same lena	al effect as if made under oath	: maci am an oilicer	ar anector i