2002 UNIFORM BUSINESS REPORT (UBR)

May 03, 2002 8:00 am Secretary of State DOCUMENT # V00465 1. Entity Name NU-TECH PRECISION METALS CORP. 05-03-2002 90051 026 ***150.00 Principal Place of Business Mailing Address 2000 GLADES ROAD PO BOX 7 COLOSB SUITE 400 ARNPRIUR. ONTARIO K7-S3H2 **BOCA RATON FL 33431** US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE O Box City & State ity & State 4. FEI Number Applied For 65-0306975 ONTARIO Not Applicable Zip 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 Name BARKER, CHARLES T Street Address (P.O. Box Number is Not Acceptable) HRAWG CORP. 2000 GLADES ROAD #3400 **BOCA RATON FL 33131** City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filling requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Added to Fees Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 ☐ Delete TITLE CR2E034 (9/01 ☐ Addition DAVIDSON, THOMAS N NAME STREET ADDRESS 2000 GLADES RD., #400 STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33131** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME ALDRIDGE, S. A NAME STREET ADDRESS 2000 GLADES RD., #400 STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33131** CITY-ST-ZIP TITLE SVCD ☐ Delete TITLE Change ☐ Addition NAME -JOY, PAUL W NAME STREET ADDRESS 2000 GLADES RD., #400 STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33131** CITY-ST-7IP TITLE AS ☐ Delete TITLE ☐ Change ☐ Addition NAME ANDERSON, SHIRLEY NAME STREET ADDRESS 2000 GLADES RD., #400 STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33131** CITY-ST-ZIP · 🗀 Delete ☐ Change Addition CAMPBELL, RICHARD F NAME STREET ADDRESS 1800 ONE M & T PLAZA STREET ADDRESS CITY-ST-ZIP **BUFFALO NY 14203** CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition JOY, THOMAS NAME NAME STREET ADDRESS 2000 GLADES RD., #400 STREET ADDRESS CITY-ST-ZIP **BOCA RATON FL 33131** 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 like empowered.

FILED