2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State
04-17-2002 90097 001 ***150.00

DOCUMENT # V09823

1. Entity Name
CITCO TECHNOLOGY MANAGEMENT, INC.

Principal Place of Business	Mailing Address
5900 N. ANDREWS AVE. STE 700 FT LAUDERDALE FL 33309 US	5900 N. ANDREWS AVE. STE 700 FT LAUDERDALE FL 33309 US
2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

[redacted]

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0307157 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
~~TIGHE, EDWARD M.~~ 121 FIESTA WAY SUITE 508 FT. LAUDERDALE FL 33301	Name: HEF REGISTERED AGENT CORP. ~~Holtzman, Equels & Furia~~ Street Address (P.O. Box Number is Not Acceptable): 2601 SOUTH BAYSHORE DRIVE SUITE 600 City: MIAMI FL Zip Code 33133

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: Arthur J. Furia — Arthur J. Furia — May 1, 2002
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 Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS $150.00
After May 1, 2002 Fee will be $550.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS			12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TIGHE, EDWARD M. 121 FIESTA WAY FT. LAUDERDALE FL	☑ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIRECTOR LARRY MITCHELL 5900 N. ANDREWS AVE. STE. 700 FT. LAUDERDALE, FL 33309	☑ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP SINTON, PATRICIA 5900 N ANDREWS AVE STE 700 FORT LAUDERDALE FL 33309	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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.

SIGNATURE: Patricia Sinton — April 4/02
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #