2000 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT # V18220** Apr 05, 2000 8:00 am Secretary of State 1. Entity Name RAD TECHNOLOGY, INC. 04-05-2000 90094 033 ***150.00 Mailing Address Principal Place of Business 520 VIRGINIA DRIVE 520 VIRGINIA DRIVE SUITE B SUITE B ORLANDO FL 32803-1856 ORLANDO FL 32803 3. Mailing Address 2. Principal Place of Business 538Clau Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State City & State 4. FEI Number 59-3117585 Orlando Not Applicable (and 10sida \$8.75 Additional 5. Certificate of Status Desired USA Fee Required ノ5A 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DANIELS, BILL C Box Number is Not Acceptable) 1061 MAITLAND CENTER COMMONS STE. B MAITLAND FL 32751 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 (NOTE. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. PVS Addition Delete TITLE TITLE RDEAGAZIO, ROBERT A DEAGAZIO, ROBERT A NAME 538CLAYTON ST. 520 VIRGINIA DRIVE SUITE B STREET ADDRESS STREET ADDRESS 6RLANDO, 41. 32804 CITY-ST-ZIP CITY-ST-ZIP ORLANDO FL TITLE ☐ Delete TITLE DEAGAZIO, ROBERT A NAME 520 VIRGINIA DRIVE SUITE B STREET ADDRESS STREET ADDRESS OBLANDO, 71. 32804 CITY-ST-7/P CITY-ST-ZIP ORLANDO FL ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ■ Addition TITLE ☐ Delete 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-ZIP Addition ☐ Change ☐ Delete TITLE 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR