FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS DOCUMENT # (6) KEY TECHNOLOGIES INC. Principal Place of Business Mailing Address 21857 HIGH PINE TRAIL 21857 HIGH PINE TRAIL **BOCA RATON FL 33428 BOCA RATON FL 33428** US 3. Date Incorporated or Qualified 3a. Date of Last Report 05/04/1992 05/01/1995 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 21 26 65-0399882 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 27 Fee Bequired City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation has liability for intangible tax under s 199.032, 24 25 29 30 Florida Statutes ☐ Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name RISKIN, STAN L 82 Street Address (P.O. Box Number is Not Acceptable) 499 70 AVE. 83 **PLANTATION FL 33317** City 84 Zip Code 85 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE DELETE 1. 1 TITLE Change Addition **UELTZEN, ROGER F** NAME 1.2 NAME 21857 HIGH PINE TR. STREET ADDRESS 1.3 STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIP 1.4 CITY - ST - ZIP TITLE STD DELETE 2 1 TITLE [] Change Addition NAME **UELTZEN. BEVERLY A** 2.2 NAME 21857 HIGH PINE TRAIL STREET ADDRESS 2.3 STREET ADDRESS **BOCA RATON FL** CHTY-ST-ZIP 2 4 CITY - ST - 2IP TITLE DELETE 3 1 TITLE Change ☐ Addition NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-S1-ZIP 3.4 CITY-ST-ZIP DELETE TITLE 4. 1 TITLE Change ☐ Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-SI-ZIP 44 CITY-ST-ZIP DELETE TITLE 5 1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-S1-2IP 54 City - St - ZiP DELETE TITLE 6 1 TITLE Change Addition NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS

(12/95)

CR2E034

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPEROR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

64 CITY - ST - ZIP

CITY-S1-ZIP