2001 UNIFORM BUSINESS REPORT (UBR) Jun 04, 2001 8:00 am **DOCUMENT # Secretary of State** Ceneral Magnetics Technology, Inc. 06-04-2001 90016 038 ***150.00 Principal Place of Business Mailing Address 1025 N.W 17 Ave Unit 00057362 Delray Brech, Fl. 33445 3. Mailing Address 2. Principal Place of Business 025 N.W 17 AVC Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE n City, & State City & State Applied For 4. FEI Number 65-0336948 Breie Not Applicable (Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Joseph Long Street Address (P.O. Box Number is Not Acceptable) Brac 8. The above named entity suggnits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. SIGNATURE (NOTE: Re :istered Agent signature required when reinstating) FILE NOWITH TELIS \$150.00 9. This corporation is eligible to satisfy its Intangible After MAY 1, 2001) Fee will be \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Make Check Payable to Department of State / (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ■ Addition Change Presiden ☐ Delete TITLE Joseph Long Unit D MASAF STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Chance Addition TITLE HALIF NAME STREET ADDRESS STREET ADDRESS CITY-ST-70 CITY-ST-ZIP ☐ Change ☐ Addition TITLE MALE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Detete TITLE TITLE NAME MALE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detete ☐ Change Addition TIFLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-51-20P TITLE ☐ Change Addition TITLE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP 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: TED NAME OF SIGNING OFFICER OR E RECTOR