## 2001 UNIFORM BUSINESS REPORT (UBR)

## FILED Feb 03, 2001 8:00 am Secretary of State DOCUMENT # F9800001369 PACE MICRO TECHNOLOGY PLC. 02-03-2001 90070 014 \*\*\*150.00 Principal Place of Business Mailing Address 2700 N MULITARY TRAIL 2700 N MILITARY, TRAIL BOCA RATON FL 33431 BOCA RATION FL 33431 Principal Place of Business 3. Mailing Address SAMS DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State 4. FEI Number 98-0154794 Koca Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent Name GAYDON, NEIL Street Address (P.O. Box Number is Not Acceptable) 2700 N. MILITARY TRAIL SUITE 300 BOCA RATON FL 33431 Zip Code FL 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11-OFFICERS AND DIRECTORS 12. 11. CEOD ☐ Change ☐ Delete TITLE TITLE MILLER, MALCOLM M NAME NAME STREET ADDRESS STREET ADDRESS WINTSTON HOUSE, THE AVE., RADLETT CITY-ST-ZIP CITY-ST-ZIP HERTFORDSHIRE WD7 7DW ENGLAN Delete Change TITLE TITLE sir Hichael' colet's Well, MORGAN, PETER W NAME STREET ADDRESS **CLEEVES WEYDOWN RD., HASELMERE** STREET ADDRESS 's Well, offord CITY-ST-ZIP CITY-ST-ZIP SURREY, GU27 1DT, ENGLAND TITLE Delete TITLE NAME FLEMING, ROBERT A NAME the Walled Gorden, copse Hill- Enclosed STREET ADDRESS STREET ADDRESS BRANDON HALL, TARN LANE, LEEDS-Glovcestershire GLS42HZ CITY-ST-ZIP CITY-ST-ZIP W. YORKSHIRE LS17 9JQ ENGLAN ☐ Delete TITLE TITLE NAME DYSON, JOHN H -NAME STREET ADDRESS STREET ADDRESS BODALAIR, SANDFORD LANE, HURST CITY-ST-7IP CITY-ST-7IP BERKSHIRE RG100 SU ENGLAND ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME RISDON, KURT P NAME STREET ADDRESS STREET ADDRESS 171 ALLERTON RD, ALLERTON CITY-ST-ZIP CITY-ST-ZIP BRADFORD, BD157AB ENGLAND ☐ Delete ☐ Addition TITLE TITLE

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 exacute 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 oth re empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: \_

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME SIGNING OFFICER OR DIRECTOR

CK. NO.,

DATE