2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 20, 2000 8:00 am Secretary of State DOCUMENT # **P99000027158** 1. Entity Name FACILITY INTEGRATION SOLUTIONS, INC. 03-20-2000 90055 040 ***150.00 Mailing Address Principal Place of Business 2323 S WASHINGTON AVE. SUITE 214 2323 S WASHINGTON AVE. SUITE 214 TITUSVILLE FL 32780-4722 TITUSVILLE FL 32780 020001 2. Principal Place of Business 3. Mailing Address 2323 5 Washington Avenue 2323 5 Washington Avenue Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. #214 214 City & State Applied For 4. FEI Numbe City & State 59-3567749 usville Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired 2780 Fee Required 32180 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name MCDERMOTT, JOHN M III Street Address (P.O. Box Number is Not Acceptable) 2323 S WASHINGTON AVE, SUITE 214 TITUSVILLE FL 32780 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 DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 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 11. OFFICERS AND DIRECTORS 12. D TITLE ☐ Change Addition | ☐ Delete TITLE MCDERMOTT, JOHN M III NAME NAME 2323 S WASHINGTON AVE, SUITE 214 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITUSVILLE FL 32780 Secretary John M. McDermott II Addition ☐ Change ☐ Delete TITLE TITLE NAME e chestnut Ct STREET ADDRESS STREET ADDRESS 32137 CITY-ST-7IP Palm Coast CITY-ST-ZIP Treasurer Change **Addition** Barbara Brown McDermott TITLE ☐ Delete NAME NAME 24088 Sister Avenue STREET ADDRESS STREET ADDRESS FL 32709 Christmas CITY-ST-7IP CITY-ST-ZIP ☐ Addition ☐ Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. 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: BULLUA BRUN DE SCINCOLT BANDARA BROWN MORMOTT AS Date 3/9/00 467568733"