

# 2000 UNIFORM BUSINESS REPORT (UBR)

0569711

Page 1 of 3  
Attachment  
**FILED**

00 MAR 23 AM 11:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

DOCUMENT # 840831

1. Entity Name  
**CORPORATE FILING SERVICE, INC.**

Principal Place of Business 1013 CENTRE RD WILMINGTON DE 19805	Mailing Address 1013 CENTRE RD WILMINGTON DE 19805-1265
--	---

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	3. Mailing Address Suite, Apt. #, etc. City & State Zip	Country	Country
--	--	---------	---------

4. FEI Number <b>14-1537954</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

**THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City **FL** Zip Code

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) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>WINN, BRUCE R</b> <b>1013 CENTRE RD</b> <b>WILMINGTON DE 19805</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>See Attached</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>FREEBORN, WILLIAM</b> <b>1013 CENTRE RD</b> <b>WILMINGTON DE 19805</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>300003195199-1</b> <b>-04/04/00-01066-005</b> <b>****150.00 ****150.00</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>MALKIN, PETER</b> <b>1013 CENTRE RD</b> <b>WILMINGTON DE 19805</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>POPEO, WILLIAM</b> <b>1013 CENTRE RD</b> <b>WILMINGTON DE 19805</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>ROSSER, MARK A</b> <b>1013 CENTRE RD</b> <b>WILMINGTON DE 19805</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <b>FORTUNATO, JOHN</b> <b>1013 CENTRE RD</b> <b>WILMINGTON DE 19805</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TS</b>

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: \_\_\_\_\_ DATE: **3/17/00** DAYTIME PHONE #: **3026365400**

CFR2034 (9/99)

**DIRECTORS**

Mr. Lalor Burdick	1013 Centre Rd.	Wilmington, DE 19805
Mr. F. Michael Donohue, Jr.	1013 Centre Rd.	Wilmington, DE 19805
Mr James M. Garnett	1013 Centre Rd.	Wilmington, DE 19805
Mr. Hunter M. Marvel	1013 Centre Rd.	Wilmington, DE 19805
Rodman Ward, Jr., Esquire	1013 Centre Rd.	Wilmington, DE 19805
Mr. Rodman Ward III	1013 Centre Rd.	Wilmington, DE 19805
Mr. Daniel R. Butler	1013 Centre Rd.	Wilmington, DE 19805
Lisa Butler	1013 Centre Rd.	Wilmington, DE 19805
Bruce R. Winn	1013 Centre Rd.	Wilmington, DE 19807
Jeffrey D. Butler	1013 Centre Rd.	Wilmington, DE 19807

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P95000075847

96-00  
AR

1. Entity Name

GABLES MANOR WEST INC.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
Attachment  
00 MAR 23 AM 11:32

Principal Place of Business Mailing Address

6355 SW 2nd St.  
Miami, FL 33145

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-0980888

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FERNANDO D. ALVAREZ  
1172 S. DIXIE HWY  
SUITE: 516  
CORAL GABLES, FL 33146

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
P/VP/T	CALIXTA C. GARCIA	1172 S. DIXIE HWY #516	CORAL GABLES, FL 33146	<input type="checkbox"/>
S	FERNANDO D. ALVAREZ	1172 S. DIXIE HWY #516	CORAL GABLES, FL 33146	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

AD

Pg 2 of 2  
Attachment

GABLES MANOR WEST INC.  
DOC.#P95000075847

TO: DIVISION OF CORPORATION  
P.O. BOX 6327  
TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

---

ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION. DUE TO A CHANGE OF PRINCIPAL AND MAILING ADDRESS I NEVER RECEIVED FIRST NOR SECOND NOTICE OF SUCH REPORT. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS. THANK IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME AT THE NEW ADDRESS LISTED IN THE ANNUAL REPORT .



CORDIALLY  
FERNANDO D. ALVAREZ  
SECRETARY

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**2000 UNIFORM BUSINESS REPORT (UBR)**

*Page 1 of 3 Attachment*

0669716

**DOCUMENT # 100009**  
 1. Entity Name  
**UNITED STATES CORPORATION COMPANY**

**FILED**

00 MAR 23 AM 10:55

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
 1013 CENTRE RD. 1013 CENTRE RD.  
 WILMINGTON DE 19805 WILMINGTON DE 19905-1265



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country  
 3. Mailing Address Suite, Apt. #, etc. City & State Zip Country

4. FEI Number **13-6149455** Applied For Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**THE PRENTICE-HALL CORPORATION SYSTEM, INC.**  
**1201 HAYS STREET**  
**SUITE 105**  
**TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent  
 Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

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**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS		12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	P	TITLE	
NAME	WINN, BRUCE R	NAME	<i>See Attached</i>
STREET ADDRESS	1013 CENTRE RD.	STREET ADDRESS	
CITY-ST-ZIP	WILMINGTON DE 19805	CITY-ST-ZIP	
TITLE	VP	TITLE	
NAME	FREEBORN, WILLIAM H	NAME	
STREET ADDRESS	1013 CENTRE RD.	STREET ADDRESS	
CITY-ST-ZIP	WILMINGTON DE 19805	CITY-ST-ZIP	
TITLE	VP	TITLE	
NAME	MALKIN, PETER	NAME	
STREET ADDRESS	1013 CENTRE RD.	STREET ADDRESS	
CITY-ST-ZIP	WILMINGTON DE 19805	CITY-ST-ZIP	
TITLE	VP	TITLE	
NAME	POPEO, WILLIAM	NAME	
STREET ADDRESS	1013 CENTRE RD.	STREET ADDRESS	
CITY-ST-ZIP	WILMINGTON DE 19805	CITY-ST-ZIP	
TITLE	VP	TITLE	
NAME	ROSSER, MARK A	NAME	
STREET ADDRESS	1013 CENTRE RD.	STREET ADDRESS	
CITY-ST-ZIP	WILMINGTON DE 19805	CITY-ST-ZIP	
TITLE	AV	TITLE	
NAME	FORTUNATO, JOHN	NAME	
STREET ADDRESS	1013 CENTRE RD.	STREET ADDRESS	
CITY-ST-ZIP	WILMINGTON DE 19805	CITY-ST-ZIP	

900003195179--2  
 -04/04/00--01066--002  
 \*\*\*\*150.00 \*\*\*\*150.00

**ITS**

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SIGNATURE: *[Signature]* 3/17/00 302 636 5400  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

**OFFICERS**

<u>Title</u>	<u>Name</u>	
PRESIDENT & CEO	Bruce R. Winn	1013 Centre Rd. Wilmington, DE 19805
VICE PRESIDENT	William H Freeborn	1013 Centre Rd. Wilmington, DE 19805
VICE PRESIDENT	Peter Malkin	1013 Centre Rd. Wilmington, DE 19805
VICE PRESIDENT, CFO, SECRETARY, TREASURER	William G. Popeo	1013 Centre Rd. Wilmington, DE 19805
VICE PRESIDENT	Mark A Rosser	1013 Centre Rd. Wilmington, DE 19805
VICE PRESIDENT	Kent Jordan	1013 Centre Rd. Wilmington, DE 19805
VICE PRESIDENT	John Fortunato	1013 Centre Rd. Wilmington, DE 19805
VICE PRESIDENT	Darlene Parker	1013 Centre Rd. Wilmington, DE 19805
VICE PRESIDENT	Jennifer Kenton	1013 Centre Rd. Wilmington, DE 19805
VICE PRESIDENT	Jacqueline G. Smetana	1013 Centre Rd. Wilmington, DE 19805
VICE PRESIDENT	Robert J. Cohen	1013 Centre Rd. Wilmington, DE 19805
VICE PRESIDENT	Brett L. Davis	1013 Centre Rd. Wilmington, DE 19805
VICE PRESIDENT	George A. Massih	1013 Centre Rd. Wilmington, DE 19805
VICE PRESIDENT	John L. Kane	1013 Centre Rd. Wilmington, DE 19805
VICE PRESIDENT	Scott M. Malfitano	1013 Centre Rd. Wilmington, DE 19805
CHAIRMAN	Daniel R. Butler	1013 Centre Rd. Wilmington, DE 19805

**DIRECTORS**

Mr. Lalor Burdick	1013 Centre Rd.	Wilmington, DE 19805
Mr. F. Michael Donohue, Jr.	1013 Centre Rd.	Wilmington, DE 19805
Mr James M. Garnett	1013 Centre Rd.	Wilmington, DE 19805
Mr. Hunter M. Marvel	1013 Centre Rd.	Wilmington, DE 19805
Rodman Ward, Jr., Esquire	1013 Centre Rd.	Wilmington, DE 19805
Mr. Rodman Ward III	1013 Centre Rd.	Wilmington, DE 19805
Mr. Daniel R. Butler	1013 Centre Rd.	Wilmington, DE 19805
Lisa Butler	1013 Centre Rd.	Wilmington, DE 19805
Bruce R. Winn	1013 Centre Rd.	Wilmington, DE 19807
Jeffrey D. Butler	1013 Centre Rd.	Wilmington, DE 19807

**2000 UNIFORM BUSINESS REPORT (UBR)**

Page 1 of 3  
Attachment

0669715

DOCUMENT # 807089

1. Entity Name

THE PRENTICE-HALL CORPORATION SYSTEM, INC.

FILED

00 MAR 23 AM 10:59

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

1013 CENTRE RD.  
WILMINGTON DE 19805

1013 CENTRE RD.  
WILMINGTON DE 19805-1265

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

13-6106755

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

UNITED STATES CORPORATION COMPANY  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	WINN, BRUCE R	
STREET ADDRESS	1013 CENTRE RD.	
CITY-ST-ZIP	WILMINGTON DE 19805	
TITLE	VP	<input type="checkbox"/> Delete
NAME	FREEBORN, WILLIAM H	
STREET ADDRESS	1013 CENTRE RD.	
CITY-ST-ZIP	WILMINGTON DE 19805	
TITLE	VP	<input type="checkbox"/> Delete
NAME	MALKIN, PETER	
STREET ADDRESS	1013 CENTRE RD.	
CITY-ST-ZIP	WILMINGTON DE 19805	
TITLE	VP	<input type="checkbox"/> Delete
NAME	POPEO, WILLIAM G	
STREET ADDRESS	1013 CENTRE RD.	
CITY-ST-ZIP	WILMINGTON DE 19805	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ROSSER, MARK A	
STREET ADDRESS	1013 CENTRE RD.	
CITY-ST-ZIP	WILMINGTON DE 19805	
TITLE	AS	<input type="checkbox"/> Delete
NAME	FORTUNATO, JOHN	
STREET ADDRESS	1013 CENTRE RD.	
CITY-ST-ZIP	WILMINGTON DE 19805	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	See Attached	
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	800003195178-05	
STREET ADDRESS	-04/04/00--01066--001	
CITY-ST-ZIP	****150.00 ****150.00	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/00

Date

3026365400

Daytime Phone #

TS

CR2E034 (9/99)



**OFFICERS**

<u>Title</u>	<u>Name</u>	
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CHAIRMAN	Daniel R. Butler	1013 Centre Rd. Wilmington, DE 19805

**OFFICERS**

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Lisa Butler	1013 Centre Rd.	Wilmington, DE 19805
Bruce R. Winn	1013 Centre Rd.	Wilmington, DE 19807
Jeffrey D. Butler	1013 Centre Rd.	Wilmington, DE 19807

# 2000 UNIFORM BUSINESS REPORT (UBR)

Page lot 3  
Attachment

0569717

DOCUMENT # P26505

1. Entity Name

CORPORATION SERVICE COMPANY

FILED

00 MAR 23 AM 11:12

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 1013 CENTRE ROAD WILMINGTON DE 19805 US	Mailing Address 1013 CENTRE ROAD WILMINGTON DE 19805-1265 US
--	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>51-0009810</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**UNITED STATES CORPORATION COMPANY**  
1201 HAYES STREET  
TALLAHASSEE FL 32301

7. Name and Address of New Registered Agent

Name \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
City **FL** Zip Code \_\_\_\_\_

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) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS	
TITLE <b>P</b>	<input type="checkbox"/> Delete
NAME <b>WINN, BRUCE R</b>	
STREET ADDRESS <b>1013 CENTRE ROAD</b>	
CITY-ST-ZIP <b>WILMINGTON DE 19805</b>	
TITLE <b>VP</b>	<input type="checkbox"/> Delete
NAME <b>FREEBORN, WILLIAM H</b>	
STREET ADDRESS <b>1013 CENTRE ROAD</b>	
CITY-ST-ZIP <b>WILMINGTON DE 19805</b>	
TITLE <b>VP</b>	<input type="checkbox"/> Delete
NAME <b>MALKIN, PETER</b>	
STREET ADDRESS <b>1013 CENTRE ROAD</b>	
CITY-ST-ZIP <b>WILMINGTON DE 19805</b>	
TITLE <b>VP</b>	<input type="checkbox"/> Delete
NAME <b>POPEO, WILLIAM G</b>	
STREET ADDRESS <b>1013 CENTRE ROAD</b>	
CITY-ST-ZIP <b>WILMINGTON DE 19805</b>	
TITLE <b>VP</b>	<input type="checkbox"/> Delete
NAME <b>ROSSER, MARK A</b>	
STREET ADDRESS <b>1013 CENTRE ROAD</b>	
CITY-ST-ZIP <b>WILMINGTON DE 19805</b>	
TITLE <b>VP</b>	<input type="checkbox"/> Delete
NAME <b>FORTUNATO, JOHN</b>	
STREET ADDRESS <b>1013 CENTRE ROAD</b>	
CITY-ST-ZIP <b>WILMINGTON DE 19805</b>	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>See Attached</b>
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>300003195183--0</b>
STREET ADDRESS	<b>-04/04/00--01056--004</b>
CITY-ST-ZIP	<b>****150.00 ****150.00</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
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]* 3/17/00 3026365400  
Date Daytime Phone #

CR2E034 (9/99)

**OFFICERS**

<u>Title</u>	<u>Name</u>	
PRESIDENT & CEO	Bruce R. Winn	1013 Centre Rd. Wilmington, DE 19805
VICE PRESIDENT	William H Freeborn	1013 Centre Rd. Wilmington, DE 19805
VICE PRESIDENT	Peter Malkin	1013 Centre Rd. Wilmington, DE 19805
VICE PRESIDENT, CFO, SECRETARY, TREASURER	William G. Popeo	1013 Centre Rd. Wilmington, DE 19805
VICE PRESIDENT	Mark A Rosser	1013 Centre Rd. Wilmington, DE 19805
VICE PRESIDENT	Kent Jordan	1013 Centre Rd. Wilmington, DE 19805
VICE PRESIDENT	John Fortunato	1013 Centre Rd. Wilmington, DE 19805
VICE PRESIDENT	Darlene Parker	1013 Centre Rd. Wilmington, DE 19805
VICE PRESIDENT	Jennifer Kenton	1013 Centre Rd. Wilmington, DE 19805
VICE PRESIDENT	Jacqueline G. Smetana	1013 Centre Rd. Wilmington, DE 19805
VICE PRESIDENT	Robert J. Cohen	1013 Centre Rd. Wilmington, DE 19805
VICE PRESIDENT	Brett L. Davis	1013 Centre Rd. Wilmington, DE 19805
VICE PRESIDENT	George A. Massih	1013 Centre Rd. Wilmington, DE 19805
VICE PRESIDENT	John L. Kane	1013 Centre Rd. Wilmington, DE 19805
VICE PRESIDENT	Scott M. Malfitano	1013 Centre Rd. Wilmington, DE 19805
CHAIRMAN	Daniel R. Butler	1013 Centre Rd. Wilmington, DE 19805

**DIRECTORS**

Mr. Lalor Burdick	1013 Centre Rd.	Wilmington, DE 19805
Mr. F. Michael Donohue, Jr.	1013 Centre Rd.	Wilmington, DE 19805
Mr James M. Garnett	1013 Centre Rd.	Wilmington, DE 19805
Mr. Hunter M. Marvel	1013 Centre Rd.	Wilmington, DE 19805
Rodman Ward, Jr., Esquire	1013 Centre Rd.	Wilmington, DE 19805
Mr. Rodman Ward III	1013 Centre Rd.	Wilmington, DE 19805
Mr. Daniel R. Butler	1013 Centre Rd.	Wilmington, DE 19805
Lisa Butler	1013 Centre Rd.	Wilmington, DE 19805
Bruce R. Winn	1013 Centre Rd.	Wilmington, DE 19807
Jeffrey D. Butler	1013 Centre Rd.	Wilmington, DE 19807

# 2000 UNIFORM BUSINESS REPORT (UBR)

Page 1 of 3  
Attachment  
**FILED**

0668703

**DOCUMENT # 840830**

1. Entity Name  
**INFOSEARCH, INC.**

00 MAR 23 AM 11:08  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business 1013 CENTRE RD WILMINGTON DE 19805	Mailing Address 1013 CENTRE RD WILMINGTON DE 19805-1265
--	---

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

4. FEI Number <b>14-1488515</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**THE PRENTICE-HALL CORPORATION SYSTEM INC.**  
1201 HAYS STREET  
SUITE 105  
TALLAHASSEE FL 32301

**7. Name and Address of New Registered Agent**

Name \_\_\_\_\_  
Street Address (P.O. Box Number is Not Acceptable) \_\_\_\_\_  
City **FL** Zip Code \_\_\_\_\_

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) DATE \_\_\_\_\_

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.  (See criteria on back)

**FILE NOW!!! FEE IS \$150.00**  
**After MAY 1, 2000 Fee will be \$550.00**  
**Make Check Payable to Department of State**

10. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS	
TITLE <b>P</b>	<input type="checkbox"/> Delete
NAME <b>WINN, BRUCE R</b>	
STREET ADDRESS <b>1013 CENTRE RD</b>	
CITY-ST-ZIP <b>WILMINGTON DE 19805</b>	
TITLE <b>VP</b>	<input type="checkbox"/> Delete
NAME <b>FREEBORN, WILLIAM</b>	
STREET ADDRESS <b>1013 CENTRE RD</b>	
CITY-ST-ZIP <b>WILMINGTON DE 19805</b>	
TITLE <b>VP</b>	<input type="checkbox"/> Delete
NAME <b>MALKIN, PETER</b>	
STREET ADDRESS <b>1013 CENTRE RD</b>	
CITY-ST-ZIP <b>WILMINGTON DE 19805</b>	
TITLE <b>VP</b>	<input type="checkbox"/> Delete
NAME <b>POPEO, WILLIAM</b>	
STREET ADDRESS <b>1013 CENTRE RD</b>	
CITY-ST-ZIP <b>WILMINGTON DE 19805</b>	
TITLE <b>VP</b>	<input type="checkbox"/> Delete
NAME <b>ROSSER, MARK A</b>	
STREET ADDRESS <b>1013 CENTRE RD</b>	
CITY-ST-ZIP <b>WILMINGTON DE 19805</b>	
TITLE <b>AV</b>	<input type="checkbox"/> Delete
NAME <b>FORTUNATO, JOHN</b>	
STREET ADDRESS <b>1013 CENTRE RD</b>	
CITY-ST-ZIP <b>WILMINGTON DE 19805</b>	

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<i>See Attached</i>
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>100002195181--6</b>
STREET ADDRESS	<b>-04/04/00--01066--003</b>
CITY-ST-ZIP	<b>****150.00 ****150.00</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TS</b>
STREET ADDRESS	
CITY-ST-ZIP	

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SIGNATURE: *[Signature]* **3/17/00** **3026365400**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/99)

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Bruce R. Winn	1013 Centre Rd.	Wilmington, DE 19807
Jeffrey D. Butler	1013 Centre Rd.	Wilmington, DE 19807